Graduate Program in Communication Sciences & Disorders

Letter of Intent

Applicant Name: ____________________________________________________________

(Please type or print) Last First Middle/Maiden

Date of Birth: ___/___/___ For Class Beginning: FALL ______

907#:__________________

Please provide a biographical statement which incorporates the items listed below. Limit your response to no more than two double-spaced typed pages.

A. Describe the factors that led to your selection of Armstrong Atlantic State University for graduate studies.

B. Describe any experience (e.g. academic, civic, extracurricular or work related) that may have prepared you for graduate study in communication sciences and disorders?

C. Describe personal and/or academic experiences relevant to your application that are not reflected in the items listed above.

Please include the completed Letter of Intent in the admissions packet and mail to:

Graduate Enrollment Services
Armstrong Atlantic State University
Victor Hall, Second Floor
11935 Abercorn Street
Savannah, Georgia 31419
Phone: (912) 344-2798 Fax: (912) 344-3488