



**SOUTH
SUBURBAN
COLLEGE**
Department of
**ALLIED HEALTH &
CAREER PROGRAMS**

SPEECH-LANGUAGE PATHOLOGY ASSISTANT APPLICATION

Please print or type when completing this form and return it to:

Department of Allied Health & Career Programs Room 4453 or 4457
South Suburban College, 15800 S. State Street, South Holland, IL 60473

Do not return this application until all steps are complete.

APPLYING FOR TERM 20 _____ SPRING SUMMER FALL (choose one)

Last Name: _____ Maiden: _____ First: _____ MI: _____

Colleague ID Number: _____ Daytime Phone: (_____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Check one please:

_____ Fall Semester _____ Spring Semester _____ Summer Semester

Enrollment Status:

_____ NEW Student Full time _____ Part time _____

_____ Returning Student – Last Attended (date) _____

Transfer Student from: _____

Academic Background

High School Attended: _____ City: _____ State: _____

Date of graduation: _____ (or) Date of GED: _____

<u>School/College/University</u>	<u>Dates Attended</u>	<u>Diploma/Degree Earned</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

***An SSC application and all transcripts must be on file in the Admissions & Records Department.
You must complete the following prerequisite checklist which is located on the back side of this sheet.***

Signature: _____ Date: _____

Note: Both sides of this application MUST be signed.

(OVER)

Prerequisites	Course Completed	College	Semester/Year	Grade
Highest Level of Math				
Biology or Anatomy/Physiology				
Medical Terminology				

Computer Proficiency (check all that apply)

_____ Microsoft Word _____ Microsoft Excel Other: _____

I understand the requirements for admission to the program with regards to course work.

Eligibility may be limited by the results of a criminal background investigation. A drug screening is required by most pharmacy employers.

Signature: _____ Date: _____

Note: Both sides of this application MUST be signed.