Clinical Observation Hours

University of Northern Iowa

Communication Sciences and Disorders Department

319-273-2496

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last First Middle**

**Current Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applying for \_\_\_\_Fall or \_\_\_\_Spring \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Year?)**

**(Please X semester)**

1. **Have you completed 25-hours of guided observation under the supervision of a certified speech-language pathologist as part of your undergraduate program? (\_\_\_Yes \_\_\_No)**

**If no, do you anticipate completing it by the time you are admitted? (\_\_\_Yes \_\_\_No)**

1. **While clinical experience will not impact the admission committee decision, please indicate if you have or will earn clinical hours at the undergraduate level. (\_\_\_Yes \_\_\_No)**

Please send completed form to [Admissions.Processing@uni.edu](mailto:Admissions.Processing@uni.edu)

or you may attach it to your electronic application or mail to:

Office of Admissions

University of Northern Iowa

002 Gilchrist Hall

Cedar Falls, IA 50614-0018 6/20