

ARMSTRONG ATLANTIC STATE UNIVERSITY

Department of Communication Sciences & Disorders
11935 Abercorn Street | Savannah GA 31419
912.344.2969 | Fax 912.344.3439
armstrong.edu

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**