

# Doctor of Audiology On-Campus Program, 2024-2025

Drexel University, Elkins Park Campus

## BIOGRAPHIC INFORMATION

### PROFILE

Title:			Materials Under Another Name:	Yes	No
Legal First Name:			Nickname:		
Middle Name:			Former First Name:		
Last Name:			Former Middle Name:		
Suffix:			Former Last Name:		
Gender:	Female	Male			

### BIRTH INFORMATION

Date of Birth:

City:

County:

State:

Country:

### CONTACT INFORMATION

Address Type: Legal	Address Type: Current	Same as Legal Address
Address:	Address:	
City:	City:	State:
Country:	Country:	Zip:
Phone Number:		
Email:		

### CITIZENSHIP STATUS AND RESIDENCY INFORMATION

#### CITIZENSHIP STATUS

Citizenship Status:	State of Residence:
Country of Citizenship:	County of Residence:
	Length of Residence:

### RACE/ETHNICITY

Do you consider yourself to be of Hispanic/Latino origin?	American Indian or Alaska Native
Answer: No Yes	Asian
	Black or African American
	Native Hawaiian or other Pacific Islander
	White

### OTHER INFORMATION

Native Language:

Military Status:

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## BIOGRAPHIC INFORMATION CONTINUED

OTHER INFORMATION

Your parent's family income falls within the table's guidelines and you are considered to have met the criteria for economically disadvantaged:

Answer:

No

Yes

Size of Family\*

1

2

3

4

5

6

7

8

For each additional person, add:

Income Level\*\*

\$40,880

\$51,640

\$62,400

\$73,160

\$83,920

\$94,680

\$105,440

\$10,760

The low income level is based on 200 percent of the U.S. Department of Health and Human Services poverty guidelines. It is used to determine what constitutes a low-income family for the purposes of SDS and LDS programs.

\*Size of family means the number of exemptions listed on the qualified income tax return forms. For example, a family size of 4 may include two parents and two dependents.

\*\*Income Level refers to the adjusted gross income stated on the federal tax return 1040.

What is your geographic area?

Answer:

Have you ever been disciplined by any college, university, or professional school for: (1) unacceptable academic performance (academic probation, suspension, dismissal, etc.) or (2) conduct violations?

Answer:

No

Yes

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## ACADEMIC HISTORY

COLLEGES ATTENDED				
<div>Start Date:</div> <div>End Date:</div> <div>State:</div>				
Major	2nd Major/Minor	Status	Degree Name	Degree Date
<div>Start Date:</div> <div>End Date:</div> <div>State:</div>				
Major	2nd Major/Minor	Status	Degree Name	Degree Date

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## SUPPORTING INFORMATION

### EXPERIENCE

EXTRACURRICULAR ACTIVITIES		TOTAL HOURS:	
Experience Type:		EXPERIENCE DATE	
Organization:		Start Date:	End Date:
		Status:	
Address:	State:	EXPERIENCE DETAILS	
	Zip:		
Country:			
Supervisor:			
Title:			
Contact Phone:			
Contact Email:			
		Permit to Contact?	
		No	Yes

EXTRACURRICULAR ACTIVITIES		TOTAL HOURS:	
Experience Type:		EXPERIENCE DATE	
Organization:		Start Date:	End Date:
		Status:	
Address:	State:	EXPERIENCE DETAILS	
	Zip:		
Country:			
Supervisor:			
Title:			
Contact Phone:			
Contact Email:			
		Permit to Contact?	
		No	Yes

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## CUSTOM QUESTIONS

### APPROVAL OF APPLICATION TERMS AND INSTRUCTIONS

- \* 1. By clicking "I Accept" below, I certify, as required in the application, that I have read and understand all application instructions, understand, and agree to all policies found in the Help Center, including the provisions that place responsibility for monitoring and ensuring the progress of my application process with me, as the applicant. I certify that all the information and statements I have provided as part of this application process, including those statements contained in the application and as part of the reference verification process are current, accurate and complete to the best of my knowledge. I understand that withholding information requested as part of the application process, or submitting false or misleading information, may be grounds for denial of admission by any participating CSDCAS program or expulsion from said program after admission.

I accept

### ACCEPTANCE OF CSDCAS PROFESSIONAL CODE OF CONDUCT

- \* 1. By clicking "I Accept" below, I certify that I have read, understand, and agree to abide by the CSDCAS Professional Code of Conduct. I understand that misconduct, as defined by the CSDCAS Professional Code of Conduct, may subject me to sanctions by CAPCSD. Furthermore, I understand that these sanctions may include, but are not limited to, indefinitely losing the privilege of applying to programs participating in CSDCAS.

Answer: I accept

### INDEMNIFICATION AND RELEASE

- \* 1. By clicking "I Accept" below, and as consideration for my participation in the CSDCAS application process, I hereby agree to indemnify CAPCSD, its affiliates, and educational institutions participating in CSDCAS, and their respective employees, officers, committee members, and agents (the "Indemnified Parties"), and hold all of them harmless from and against any and all charges, complaints, claims, liabilities, obligations, promises, agreements, controversies, damages, actions, causes of action, suits, rights, demands, costs, losses, debts and expenses (including reasonable attorneys' fees) (collectively, "Losses") arising out of or connected with my application and/or my participation in the CSDCAS application process. I agree not to not bring any claim, complaint, charge, or cause of action ("Claim") against any of the Indemnified Parties or assist in any Claim brought against any of the Indemnified Parties. I hereby agree to irrevocably and unconditionally release and forever discharge the Indemnified Parties from any and all Claims and/or Losses of any nature whatsoever, known or unknown, suspected or unsuspected, arising from or relating in any way to the actions taken by the Indemnified Parties in connection with my applications, the CSDCAS application service, or CAPCSD program.

Answer: I accept

### GUIDED CLINICAL OBSERVATION

- \* 1. Do you have any guided clinical observation hours to include?

Answer: No Yes

### EUROPEAN UNION DATA PROTECTION

- \* 1. Are you currently located in a European Union country, Iceland, Liechtenstein, Norway, or Switzerland?

Answer:

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## DESIGNATIONS

### DOCTOR OF AUDIOLOGY ON-CAMPUS PROGRAM

Organization:	Salus University	Delivery:	Campus
Department:	Full-Time only		
Degree:	AuD		
Start Term:	Fall 2024		
Campus:	Elkins Park Campus		

### SUPPLEMENTAL QUESTIONS

#### SALUS UNIVERSITY ALUMNI REFERRAL

- |   |                  |
|---|------------------|
| 1 | Alumni Name      |
|   | Answer:          |
| 2 | Program Attended |
|   | Answer:          |
| 3 | Graduation Year  |
|   | Answer:          |

#### IF YOU HAVE A RELATIVE PRACTICING IN YOUR CHOSEN PROFESSION, PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

- |   |                   |
|---|-------------------|
| 1 | Relative Name:    |
|   | Answer:           |
| 2 | Relationship:     |
|   | Answer:           |
| 3 | College Attended: |
|   | Answer:           |
| 4 | Graduation Year:  |
|   | Answer:           |

#### AFFILIATION AGREEMENTS

- |   |   |  |
|---|---|--|
| * | 1 | Are you applying through an affiliation agreement program between Salus University and your institution? Information regarding affiliation institutions may be found at <a href="http://www.salus.edu/Admissions/Affiliated-Schools">www.salus.edu/Admissions/Affiliated-Schools</a> |
|   |   | Answer:      No                              Yes   |

#### HOW DID YOU HEAR ABOUT SALUS UNIVERSITY?

- |   |   |                 |
|---|---|-----------------|
| * | 1 | Answer Choices: |
|   |   | Answer:         |

#### ADDITIONAL INFORMATION

- |   |   |  |
|---|---|--|
| * | 1 | Are you a first generation college student (i.e. your parent(s)/legal guardian(s) have not completed a bachelor's degree or higher)? |
|   |   | Answer:      No                              Yes   |

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## PERSONAL STATEMENT

1. Write a brief statement expressing why you have chosen to study the field of audiology, plans you have to use your education and training, the needs and/or challenges you perceive as important in the field of audiology, and any personality qualities, characteristics, and skills you believe will enable you to be successful. Additionally, what specifically intrigues you about attending Salus University?

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## LIFE EXPERIENCE ESSAY (OPTIONAL)

1. Explain how your life experiences and/or perspectives could contribute to the audiology profession. How can these experiences help advance the goal of having healthcare providers who reflect the population of the country? This question provides an opportunity to describe the impactful life experiences, especially challenges, adversity or hardships that you overcame, which may not be easily presented in other parts of the application. The experiences described can be from any point in your timeline and do not need to be directly related to the field of audiology or health care. This question is also intended to provide the admissions committee with information to understand the context of your journey better and to assist with mission alignment through holistic review of applicants. This essay is optional and should be limited to 4500 characters.