

Gallaudet University

*Hearing
Undergraduate
Student
Application*

www.gallaudet.edu

Application Checklist

Listed below are the items that need to be completed for admission to Gallaudet University. Check to make sure each item has been sent to us. Your application cannot be reviewed until we receive all items on the list.

- 1. Gallaudet University Application Form
- 2. Application Processing Fee - \$50 (Page 8 in this booklet)
- 3. Three Personal Essays
- 4. High School Transcript (Secondary school transcript and/or upper secondary school transcript)*
or
Official University Transcript(s) and University Catalog for Transfer Applicant**
- 5. Two Letters of Recommendation
- 6. ACT (American College Test) Score Reports - HIGHLY RECOMMENDED and/or
SAT I (formerly known as Scholastic Aptitude Test) Score Report
For test dates and locations near you, go to www.act.org
or www.collegeboard.com.
- 7. Mail all application materials

Please make a photocopy of your application form, documents, and essays for your records.

* Freshmen (no previous college experience/credits)

** Transfer students must send your official transcript(s) along with a copy of the college catalog(s). Your transcripts will be reviewed, and you will be notified if any tests are necessary. If you do not submit your transcript, you will be required to take entrance exams.

Please make a photocopy of your application form, documents, and essays for your records.

The application deadline is January 16.

Contact Information

Academic Advising

(202)651-5355 (tty/voice)
(202)651-5759 (fax)
academic.advising@gallaudet.edu

Admissions - Undergraduate

(800)995-0550 (tty/voice)
(202)651-5114 (tty)
(202)651-5750 (voice)
(202)651-5744 (fax)
admissions.office@gallaudet.edu

Athletics Department

(202)651-5603 (tty/voice)
(202)651-5274 (fax)

Financial Aid Office

(800)995-0990 (tty/voice)
(202)651-5290 (tty/voice)
(202)651-5740 (fax)
financial.aid@gallaudet.edu

Honors Program

(202)651-5550 (tty/voice)
(202)651-5896 (fax)
Honors.Program@gallaudet.edu

Registrar's Office

(202)651-5393 (tty/voice)
(202)651-5182 (fax)
registrar.office@gallaudet.edu

Residence Life - Housing

(202)651-5255 (tty/voice)
(202)651-5757 (fax)
campus.housing@gallaudet.edu

Student Accounts - Business Office

(888)651-5447 (tty)
(888)651-5145 (voice)
(202)651-5711 (fax)
student.accounts@gallaudet.edu

Student Health Service

(202)651-5090 (tty/voice)
(202)651-5743 (fax)
shs@gallaudet.edu

University Operator

(202)651-5000 (tty/voice)

www.gallaudet.edu

Dear Prospective Student:

Thank you for your interest in applying for undergraduate admission. Gallaudet University's undergraduate programs primarily serve deaf and hard-of-hearing students. Space in the hearing undergraduate program is open only to those who are interested in pursuing a career in education or other related fields serving deaf and hard of hearing people. Due to limited space, the program is very competitive.

Your application and supporting documents represent who you are and what you have to gain from and contribute to Gallaudet University. We encourage you to take the time necessary to make sure that these documents are a complete and fair representation of your qualifications for admission to Gallaudet University.

Students who are admitted to Gallaudet University have the unique opportunity to achieve their personal and professional goals in a visual environment. Our liberal arts curriculum allows you to develop your individual skills while preparing you to be a vital part of the increasingly competitive work force. We hope you will soon join our proud and strong community of excellence.

We welcome your application for undergraduate admission and are available to assist you throughout the process. Please contact us at (202)651-5750 (v), (202) 651-5114 (tty), toll free (800) 995-0550(202) 651-5744 (fax), or e-mail admissions.office@gallaudet.edu. Our office hours are Monday - Friday, 8:30 a.m.- 4:30 p.m.

The Office of Admissions Staff

Application Requirements and Procedures

Begin your future at Gallaudet now! If you have any questions about these procedures, please contact the Office of Admissions. When all required documents have been received, your file will be carefully reviewed and you will be informed in writing of the decision.

1. To open your application file with the Office of Admissions, fill out the enclosed application. Send it along with a \$50 application fee to the Office of Admissions. We accept payment by check, money order, or credit card (Mastercard and Visa only). If you pay by check or money order, please make it payable to Gallaudet University.
2. All applicants must submit either the SAT or ACT standardized test report unless waived via transfer credit (see number 6 below). Our institutional code number for the SAT is 5240 and the code for the ACT is 0662. For test dates and locations near you, go to www.act.org or www.collegeboard.com.
3. Send a copy of your high school/secondary transcript showing all work completed and work in progress. Transcripts must be official (showing a school seal/stamp or principal's/school official's signature) and should be sent directly to the Office of Admissions. A form is enclosed for your school to complete and submit with your transcript. Without the transcript(s), the applicant will not be allowed to enroll and register for courses.
4. Two letters of recommendation must be submitted from teachers, school administrators, employers, coaches, or community leaders. Recommendation letters must describe your academic motivation, leadership potential and your ability to succeed in a challenging college environment. If desired, your referrers may complete and submit the enclosed recommendation forms.
5. Complete all three essay questions on a separate paper.
6. Transfer students: Send an official copy of your University transcript(s) along with a copy of the college catalog as soon as possible. Your transcript will be reviewed, and you will be notified if any information is necessary. The Office of Admissions reserves the right to request additional documentation (e.g. standardized test scores, recommendation letters, etc.) from any applicant.
7. Please indicate that you are an applicant for the hearing undergraduate program any time you contact the Office of Admissions or send a document that is separate from this packet.
8. There are limited spaces available for the hearing undergraduate program (HUG). Priority will be given to full-time students. If you are in the final group of candidates, you will be required to come to campus for a Sign Communication Proficiency Interview (SCPI) evaluation. During the visit you will be invited to attend classes and meet other students. Final selections will be made by March 31.

For Office Only: PS ID# _____ \$ application fee paid CK#: _____ CR#: _____ MO#: _____

Gallaudet  University
Undergraduate and Transfer Application
for Prospective Hearing Students

(You can complete this application online at <http://admissions.gallaudet.edu>)

Applying for Year 20____ Fall/August Spring/January Summer

Application Information

Choose one:

- Freshman (no previous college experience/credits)
- Freshman (high school student with college experience)
- Undergraduate Transfer (prior college experience/credit)
- Undergraduate Transfer (second degree)

Mr. Ms. Mrs.

Full Legal Name _____
(Please indicate as printed on your Social Security card.)
last first middle

Preferred name _____ Maiden name _____

Social Security Number _____ Marital Status Single Married Divorced

Birthdate ____ / ____ / ____ Birth State _____ Birth Country _____

Home Address _____
street or P.O. box apt. number

city state/province zip/postal code country

Telephone _____ tty voice vp Fax _____
area code/country code number

E-mail _____ Pager _____

Secondary E-mail _____

Mailing Address (if different from home address)

street or P.O. box apt. number

city state/province zip/postal code country

Telephone _____ tty voice vp Fax _____
area code/country code number

Please use my mailing address until _____
(mo./day/yr.) *After this date all correspondence will be sent to your permanent address.*

Applicant Information

The following information is confidential and will not affect your consideration for admission. However, it will allow us to better serve your individual needs.

Ethnic Background (Select one.)

- African American/Black Asian American/Pacific Islander Hispanic/Latino
 Native American/Native Alaskan/American Indian White/Caucasian/Non-Hispanic

Are you multi-racial? Yes No

If yes, check all that apply:

- African American/Black Asian American/Pacific Islander Hispanic/Latino
 Native American/Native Alaskan/American Indian White/Caucasian/Non-Hispanic

Are you a U.S. citizen? Yes No

If no, are you a permanent resident? Yes No

If you are a permanent resident, enclose a copy of your Alien Registration Card (green card) with this application.

Name of home country: _____

If admitted to Gallaudet, will you require a student visa? Yes No

Current Visa Type (if any): _____ Expiration Date: _____

What is your signing ability? (Check one)

- I don't sign
 Beginner - know a few signs or phrases, but cannot have a conversation with a deaf person
 Able to converse with a deaf person about everyday familiar topics, but need things repeated and misunderstandings are frequent
 Able to converse with ease about everyday, familiar topics
 Able to converse with ease about everyday topics and academic, professional, or technical topics
 Completely fluent (native or near-native signer)

How did you learn to sign? (Check all that apply)

- I don't sign From deaf family members From deaf classmates in school From deaf friends
 Took classes in high school Took classes in my community Took classes in college
 Other (explain): _____

Do you have any additional disabilities other than deafness? Yes No

If you have any additional disabilities, Gallaudet University's Office for Students With Disabilities (OSWD) would like to serve you. Please list your disability and the specific needs you may have, such as large print books, mobility training, brailled materials, etc. _____

Do you plan to live on campus? Yes No

Are you interested in applying for financial aid and/or scholarships? Yes No

What is your current interest/major? _____

How did you find out about Gallaudet? (check all that apply)

- Academic Bowl Alumnus/Alumna CD-Rom Close-up Counselor Convention: _____
 Family member Friend Gallaudet regional center Gallaudet Link Internet Mail Newspaper/Magazine
 Recruiter Visit Sports Camp Summer Camp: _____ Students at Gallaudet University Teacher
 Visiting faculty/staff from Gallaudet University Young Scholars Program Other: _____

Have you ever visited Gallaudet before? Yes No

If yes, through which program(s)? Close Up Program Sign language classes College Bound Program

- Special event (Homecoming, play, Academic Bowl) Conference on campus/Washington, D.C. Visitors Center
 General Visit Young Scholars Program Other _____

Have you ever applied to Gallaudet before? Yes No

If yes, were you admitted? Yes No

If yes, did you enroll? Yes No Please list other names used: _____

Are you a Gallaudet employee? Yes No

Are you a Gallaudet employee's immediate family member? Yes No

Family Information

Father/Legal Guardian's Full Name _____
last first middle

Father/Legal Guardian's Address _____
(if different than applicant) street or P.O. box apt. number

_____ city state zip code

Telephone _____ tty voice vp
area code/country code number

Fax _____ E-mail _____

Mother/Legal Guardian's Full Name _____
last first middle

Mother/Legal Guardian's Address _____
(if different than applicant) street or P.O. box apt. number

_____ city state zip code

Telephone _____ tty voice vp
area code/country code number

Fax _____ E-mail _____

Father

Mother

High School Graduate Yes No

High School Graduate Yes No

Attended College Yes No

Attended College Yes No

College Graduated Yes No

College Graduated Yes No

Attended Gallaudet Yes No

Attended Gallaudet Yes No

Do you have deaf relatives? Father Mother Brother(s) Sister(s) Other(s) _____

Do you have any relatives currently or previously associated with Gallaudet? Yes No

If Yes, List Name _____ Relationship _____

Alumni; Employee; Student; Former student; Donor

High School Educational Background

Do you have a U.S. high school or secondary school diploma/certificate or its equivalent? Yes No

If yes, what is your graduation date? ____ / ____ / ____

If no, what is your expected date of graduation/completion? ____ / ____ / ____

If you are not graduating, have you entered/completed a GED program? Yes No

If yes, what is your expected date of completion of GED? ____ / ____ / ____

Without the high school completion requirement, the applicant can't enroll and take courses.

Home study? Yes No

High School/Secondary Program Information

Begin with the most recent school attended. Be sure to send official, sealed high school transcript(s) from all high schools attended. Copies will not be accepted. When available, send final transcript(s) showing date of graduation. Without the transcript(s), the applicant will not be allowed to enroll and register for courses.

1) School Name _____

Address _____

City _____ State _____ Zip code _____

Phone Number _____ tty voice vp

Fax Number _____

Dates Attended: From month/year _____ To month/year _____

2) School Name _____

Address _____

City _____ State _____ Zip code _____

Phone Number _____ tty voice vp

Fax Number _____

Dates Attended: From month/year _____ To month/year _____

Recommendations (Referrers must be a professional. At least two are required. Forms are on pages 9 and 11.)

1.) Name _____

Superintendent/Principal Employer/Teacher Coach School Counselor Community Leader

Address _____

number street
city state zip code

Telephone _____ tty voice vp Fax _____ E-mail _____
area code number

2.) Name _____

Superintendent/Principal Employer/Teacher Coach School Counselor Community Leader

Address _____

number street
city state zip code

Telephone _____ tty voice vp Fax _____ E-mail _____
area code number

Standardized Test Information

Indicate which of the standardized tests you have taken and have your official results sent to Gallaudet as soon as possible. Our institutional code number for the SAT is 5240 and the code for the ACT is 0662.

American College Test (ACT) Yes No
SAT I (formerly known as Scholastic Aptitude Test) Yes No
Advanced Placement Test Yes No

Postsecondary Education Information (To be completed by transfer students only)

Begin with most recent college/university attended. List all community colleges, colleges, and universities attended after high school. Applicants must submit a current college catalog and official college transcript from every school attended. Copies of transcripts will not be accepted. Allow three weeks mailing time when sending transcripts and catalogs from other universities to Gallaudet.

1) College Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ tty voice vp Fax _____

Dates Attended: From month/year _____ To month/year _____

2) College Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ tty voice vp Fax _____

Dates Attended: From month/year _____ To month/year _____

3) College Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ tty voice vp Fax _____

Dates Attended: From month/year _____ To month/year _____

Essay Questions

Instructions: There are limitations to what grades, test scores, and recommendations can tell us about any applicant. Your answers to the following questions will help us learn more about you so we can fairly evaluate your academic commitment and readiness for college. We hope that in writing these essays you will reflect on your attitudes, values and perception. Please answer all three questions completely, using additional paper.

Essay Question One: List and explain in detail all community, employment, academic, or extracurricular activities you were involved with in the past three years. Describe or explain how your activities included involvement with deaf and hard-of-hearing people or organizations.

Essay Question Two: Explain why you feel you are qualified to enroll at Gallaudet and why we should admit you.

Essay Question Three: Who would you say has been your role model, and in what ways have you been influenced by this person? This individual could be someone you know, a famous person in history, or anyone who has made an impression on your life.

Applicant Certification

I intend to pursue a career in education, or related field, serving deaf and hard of hearing people.

I understand that falsifying or withholding information in completing the application may result in the cancellation of my admission to the University and/or registration with the University. I certify that the information provided in this application is true and correct.

Applicant Signature: _____ ***Date:*** _____

Application Payment

The required nonrefundable \$50 application fee is a requirement and will not be waived. Applications arriving without the application fee will be considered inactive and will not be processed.

Check #/Money Order #: _____ Name of Payee: _____

Credit Card #: _____ VISA MC Expiration Date: _____

Name on Account (please print): _____

\$ _____ Date: _____

Card Owner Signature: _____

Gallaudet University

Confidential Recommendation

(You may mail this form or fax to 202-651-5744.)

PART A (to be completed by applicant)

Applicant's Name: _____

Home Address: _____

City: _____ State _____ Zip _____ Telephone: _____

tty voice vp

Fax: _____ E-mail: _____

Birthdate: ____ / ____ / ____ Applying for term: Fall/August 20____ Spring/January 20____
month date year

Applicant's Waiver of Access to Confidential Recommendations:

I hereby waive my right to review this reference.

Applicant's Signature: _____

PART B (to be completed by reference)

Please rate the nature and quality of the applicant's academic work, including the applicant's motivation, originality, intellectual breadth or depth, and capacity for independent thought. In addition, add any impressions you have about the applicant as a person. Include any anecdotes you may have that illustrate the applicant's character, goals, values, maturity, leadership potential and ability to do college work. Rate this student as realistically as you can in comparison with your college-bound students. If you prefer, a letter of recommendation may be substituted for the rating chart. For those students with low GPAs and/or weak academic performance and motivation, a letter from an academic personnel is strongly recommended.

Academic Rating	Below Average	Average	Good	Excellent Top 10%	Outstanding Top 2 or 3%
Ability					
Motivation					
Creative Qualities					
Self-Discipline					
Achievement					
Ability to Succeed					

Character and Personality Rating

Leadership Potential					
Self-confidence					
Cocurricular Participation					
Attitude about School					
Maturity					
Initiative					
Reaction to Setbacks					
Interpersonal Skills with Peers					

If you have additional comments that would be helpful in considering this student's application for admission, please attach additional sheets to this form.

Name: _____

Title/Position: _____

Agency/School: _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____ tty voice vp Fax: _____

E-mail: _____

Please mail or fax completed form to:

Gallaudet University
Office of Admissions
800 Florida Avenue, NE
Washington, DC 20002-3695
(202)651-5744 (fax)

Thank you for your response and assistance. Please call (800) 995-0550 (tty/v) if you have any questions concerning the application process at Gallaudet University

Gallaudet University

Confidential Recommendation

(You may mail this form or fax to 202-651-5744.)

PART A (to be completed by applicant)

Applicant's Name: _____

Home Address: _____

City: _____ State _____ Zip _____ Telephone: _____

tty voice vp

Fax: _____ E-mail: _____

Birthdate: ____ / ____ / ____ Applying for term: Fall/August 20____ Spring/January 20____
month date year

Applicant's Waiver of Access to Confidential Recommendations:

I hereby waive my right to review this reference.

Applicant's Signature: _____

PART B (to be completed by reference)

Please rate the nature and quality of the applicant's academic work, including the applicant's motivation, originality, intellectual breadth or depth, and capacity for independent thought. In addition, add any impressions you have about the applicant as a person. Include any anecdotes you may have that illustrate the applicant's character, goals, values, maturity, leadership potential and ability to do college work. Rate this student as realistically as you can in comparison with your college-bound students. If you prefer, a letter of recommendation may be substituted for the rating chart. For those students with low GPAs and/or weak academic performance and motivation, a letter from an academic personnel is strongly recommended.

Academic Rating	Below Average	Average	Good	Excellent Top 10%	Outstanding Top 2 or 3%
Ability					
Motivation					
Creative Qualities					
Self-Discipline					
Achievement					
Ability to Succeed					

Character and Personality Rating

Leadership Potential					
Self-confidence					
Cocurricular Participation					
Attitude about School					
Maturity					
Initiative					
Reaction to Setbacks					
Interpersonal Skills with Peers					

If you have additional comments that would be helpful in considering this student's application for admission, please attach additional sheets to this form.

Name: _____

Title/Position: _____

Agency/School: _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____ tty voice vp Fax: _____

E-mail: _____

Please mail or fax completed form to:

Gallaudet University
Office of Admissions
800 Florida Avenue, NE
Washington, DC 20002-3695
(202)651-5744 (fax)

Thank you for your response and assistance. Please call (800) 995-0550 (tty/v) if you have any questions concerning the application process at Gallaudet University

Gallaudet University

High School Record

(You may mail this form to Office of Admissions, Gallaudet University, 800 Florida Ave, NE, Washington, DC 20002 or fax to 202-651-5744.)

Part A (to be completed by applicant)

Applicant's Social Security Number: _____ / _____ / _____

Applicant's Name: _____

Home Address: _____ City _____

State _____ Zip _____ Telephone: _____ tty voice vp

Fax: _____ E-mail: _____

Part B (to be completed by school official)

School's Name: _____

Address: _____ City _____

State _____ Zip _____ Telephone: _____ tty voice vp

Fax: _____ E-mail: _____

All the information below is required for every applicant.

Please return this completed form as soon as possible.

A. High School Transcript

Please attach a copy of the applicant's high school transcript. Without the transcript(s), the applicant will not be allowed to enroll and register for courses.

B. Academic Achievement Record(s)

The following standardized test scores may be sent:

- American College Test (ACT)
- SAT I (formerly known as Scholastic Aptitude Test)
- Advanced Placement Test

C. Student

- Graduated
- Will graduate _____

D. Outstanding, Activities, Honor, or Awards

Name (please print): _____

Title/Position: _____

Signature of School Official: _____ Date: _____



Gallaudet University
Office of Admissions
800 Florida Ave, NE
Washington, DC 20002-3695

admissions.office@gallaudet.edu

www.gallaudet.edu