

**Please print or type all responses.**

**Personal Data:**

Sex: M O F O

Birthdate: \_\_\_\_/\_\_\_\_  
Month Day

Name: \_\_\_\_\_  
Last First Middle Maiden

Permanent Address: \_\_\_\_\_  
Number & Street City State Zip

Current Address: \_\_\_\_\_  
Number & Street City State Zip

Telephone: *Permanent Number* (\_\_\_\_) \_\_\_\_ — \_\_\_\_  TTY  Voice

*Current Number* (\_\_\_\_) \_\_\_\_ — \_\_\_\_  TTY  Voice

Email Address \_\_\_\_\_

Pager Address \_\_\_\_\_

AIM Address \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City State Country

**Application Status:** Please indicate the calendar year and academic semester you plan to enroll.

20\_\_\_\_  Fall  Spring  Summer

**Program Selection:** Enter the name of major you intend to study: \_\_\_\_\_

**Type of Services:** What kind of services did you use during:

**High School?** (Check all that apply)

**College?** (Check all that apply)

- \_\_\_ Interpreting
- \_\_\_ Notetaking
- \_\_\_ Oral Interpreting
- \_\_\_ Realtime Captioning
- \_\_\_ Tutoring
- \_\_\_ Speech Services
- \_\_\_ Counseling (Academic/Career)
- \_\_\_ Direct Communication Classes
- \_\_\_ Itinerant Teacher
- \_\_\_ **No Services**
- \_\_\_ Other: \_\_\_\_\_

- \_\_\_ Interpreting
- \_\_\_ Notetaking
- \_\_\_ Oral Interpreting
- \_\_\_ Realtime Captioning
- \_\_\_ Tutoring
- \_\_\_ Counseling
- \_\_\_ Direct Communication Classes
- \_\_\_ **No Services**
- \_\_\_ Other: \_\_\_\_\_

**Educational Data: College(s)**

<i>Name of College</i>	<i>City &amp; State</i>	<i>Major</i>	<i>Dates</i> <small>Month Year    Month Year</small>	<i>Degrees Received/Units Completed</i>
			to	
			to	
			to	

**High School(s)**

<i>Name of School</i>	<i>City, State &amp; Phone Number</i>	<i>Code*</i>	<i>Dates</i> <small>Month Year    Month Year</small>	<i>Date of Graduation</i>
			to	
			to	

**\*School Program Type Codes**

- |                              |                             |                       |
|------------------------------|-----------------------------|-----------------------|
| 1: Mainstreamed no Service   | 3: Partially Mainstreamed   | 5: School of the Deaf |
| 2: Mainstreamed With Service | 4: Self-Contained Classroom | 6: Not Affiliated     |

**Personal Profile:** Your current preferred means of communication:

- |   |                               |
|---|-------------------------------|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Oral |
| <input type="checkbox"/> Signed English         | Other _____                   |

Cause of Deafness/Hard of Hearing: (Make sure you have enclosed your audiogram)

- |  |   |
|--|---|
| <input type="checkbox"/> Hereditary            | <input type="checkbox"/> Rubella            |
| <input type="checkbox"/> Congenital (At Birth) | <input type="checkbox"/> Meniere's Syndrome |
| <input type="checkbox"/> Meningitis            | <input type="checkbox"/> Accidental         |
| <input type="checkbox"/> Nerve Damage          | <input type="checkbox"/> Unknown            |
| <input type="checkbox"/> Premature Birth       | <input type="checkbox"/> Other _____        |

Age of onset of Deafness/Hard of Hearing: \_\_\_\_\_

Any disabilities:

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> None                | <input type="checkbox"/> Mobility    |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Medical     |
| <input type="checkbox"/> Vision              | <input type="checkbox"/> Other _____ |

**Family Information:**

<i>Relative</i>	<i>Full Name</i>	<i>Deaf/Hard of Hearing/Hearing</i>	<i>Occupation</i>	<i>Education: List Degrees</i>
Mother				
Father				
Guardian				
Brother or Sister				
Brother or Sister				
Brother or Sister				
Spouse				

**Vocational Rehabilitation:**

Do you expect support from the Department of Rehabilitation? Yes  Maybe  No   
If yes or maybe, please fill out below.

\_\_\_\_\_ (TTY/V)  
Counselor's Name Phone

\_\_\_\_\_ City State Zip  
Number & Street

\_\_\_\_\_ Email Address

**In Closing:**

Your signature below indicates that all information contained in this application is complete, factually correct, and honestly prepared.

\_\_\_\_\_ Signature Date

Return to: *Application Processing  
National Center on Deafness  
California State University, Northridge  
18111 Nordhoff Street  
Northridge, California 91330-8267*

**Reading/Writing  
Evaluation:**

The admissions process at California State University, Northridge's National Center on Deafness (NCOD) includes an NCOD Reading/Writing evaluation. This is a two-part test that evaluates reading and writing skills and abilities.

We will need assistance from a teacher, a resource teacher, or your school counselor to administer this evaluation; personal friends and relatives are not acceptable.

Please contact your teacher, resource teacher, or your school counselor and ask that person to complete the section below. We will then follow up with final arrangements for you to take the Reading/Writing Evaluation.

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Applicant's Name:

\_\_\_\_\_

Proctor's Name:

\_\_\_\_\_

Position/Title:

\_\_\_\_\_

Name of School/Program:

\_\_\_\_\_

Address:

\_\_\_\_\_

Number & Street

\_\_\_\_\_

City

State

Zip

Phone Number: ( ) - (TTY or V)

Email: \_\_\_\_\_

Please return this form to:

Application Processing  
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Northridge, CA 91330-8267  
(818) 677-2614 (TTY/V)  
(818) 677-7192 (FAX)  
[ncod@csun.edu](mailto:ncod@csun.edu) (EMAIL)

**Recommendation**

**Form:**

Applicant's Name: \_\_\_\_\_  
Last First Middle Initial

**To the student:** Please give this form to a teacher, counselor, or principal who knows your potential to succeed in a university. Do you waive your right to read this recommendation?  
 Yes  No

Signature of Applicant: \_\_\_\_\_

Parent or Guardian for Students under 18: \_\_\_\_\_

**To the individual completing this form:**

The person whose name appears above has applied for admission to California State University, Northridge. The National Center on Deafness evaluation committee would appreciate your answering the questions below in a specific and candid manner, noting in particular, examples which illustrate the applicant's maturity, motivation and academic potential.

Your Name \_\_\_\_\_

Position \_\_\_\_\_

School/Organization \_\_\_\_\_ Phone ( ) - \_\_\_\_\_ (TTY/V)

Address \_\_\_\_\_  
Number & Street

\_\_\_\_\_ City State Zip

\_\_\_\_\_ Email Address

Please respond in a detailed, explicit manner. If your relationship with the applicant does not allow you to make an evaluation of certain skills, abilities, or characteristics, please indicate "NA" (not applicable).

1. How long have you known the applicant? \_\_\_\_years \_\_\_\_months. Under what circumstances?

\_\_\_\_\_  
 \_\_\_\_\_

2. Based on your knowledge of the applicant, please rate his/her academic skills and Potential to succeed in a university program:

	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Unable to Judge</i>
1) Academic Achievement					
2) Writing Skills					
3) Reading Skills					
4) Mathematics Skills					
5) Overall					

3. Please rate the applicant's scholastic ability and motivation:

	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Unable to Judge</i>
1) Has positive self image					
2) Demonstrates independence					
3) Has intellectual curiosity					
4) Is highly motivated					
5) Overcomes frustrating experiences, minor disappointments					
6) Experience/maturity					

Please give reasons for and examples of your evaluation above.

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4. If you were the applicant's university instructor or advisor, what support services or assistance would you recommend?

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5. Additional comments on your recommendation:

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6. What is your overall evaluation of this candidate as a prospective student at California State University, Northridge?

- Strongly recommend
- Recommend
- Recommend with reservation
- Do not recommend

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Address \_\_\_\_\_  
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\_\_\_\_\_  
 \_\_\_\_\_

2. Based on your knowledge of the applicant, please rate his/her academic skills and Potential to succeed in a university program:

	<i>Above Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Unable to Judge</i>
1) Academic Achievement					
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## *Audiological Record*

**Part A** (To be completed by applicant)

Applicant's Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Number Street

\_\_\_\_\_ City State Zip

**Part B** (To be completed by certified audiologist, CCA-C)

All information below is required for every applicant.  
**Please return this completed form as soon as possible.**

1. ONSET OF HEARING LOSS  At birth  Other \_\_\_\_\_  
Month Year

2. CAUSE OF HEARING LOSS \_\_\_\_\_

3. PURE TONE

Date Administered	
Mo.	Yr.

Indicate Standard Used:

ISO-ANSI

RIGHT EAR										
Frequency	125	250	500	750	1000	2000	3000	4000	6000	8000
Hearing Level	AIR									
	BONE									
LEFT EAR										
Frequency	125	250	500	750	1000	2000	3000	4000	6000	8000
Hearing Level	AIR									
	BONE									

4. TYMPANOMETRY AT THE TIME OF PURE TONE TESTING

	Normal	Abnormal	
Right	<input type="radio"/>	<input type="radio"/>	If abnormal, please explain _____
Left	<input type="radio"/>	<input type="radio"/>	_____

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ (TTY/V)

Email \_\_\_\_\_

**Please attach any other test results of interest.**

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