**The Deaf Studies Department**

**California State University, Northridge**



**IEP APPLICATION INSTRUCTIONS & OVERVIEW**

**Checklist:** A completed IEP application includes all of the following:

1. Intent to Apply (Email)
2. Written Application (3 parts)

 Part A: Personal Information

 Part B: Typed Narrative Essay Describing your Deaf Community Experience(s)

 Part C: Signed *Certification of Accuracy, Agreement, Release, & Accountability*

1. Video Application/Statement of Interest
2. Two Recommendation Letters

 ***NOTE: All components of the application (listed above) must be submitted electronically.***

1. Intent to Apply – See Page 2 for instructions
2. Written Application:
* Submit all three parts (Parts A-C listed above) as separate attachments in one email.

 Email Address: deaf.iep@csun.edu

* Subject line should be: **WRITTEN APPLICATION—YOUR NAME**
1. Video Application – See Page 8 for instructions
2. Reference Letters– See Pages 9-10 for instructions

**APPLICATION DEADLINE: By 5:00pm on Friday, March 01, 2024**

**(late or incomplete applications will not be considered)**

**SCREENING PROCESS / ACCEPTANCE INTO THE PROGRAM – WHAT TO EXPECT:**

Step 1. Applications are reviewed and screened beginning March 04, 2024

Only those students who meet all eligibility requirements and qualifications will be invited to participate in the video screening (Step 2).

Step 2. Video Screening (By Invitation Only)

A one-hour video screening will be conducted, which is intended to further assess ASL comprehension, production, and basic translation skills.

Step 3. Follow-Up Interviews (By Invitation Only)

Follow-up interviews with some applicants may be required to obtain more information about their potential and qualifications.

Step 4. Notification of Acceptance into the Program

**IMPORTANT DATES:**

Application Deadline: Friday, March 01, 2024

Notification of Invitation to Screen: Monday, April 01, 2024

Video Screening (By Invitation Only): Approximately April 19, 2024

Follow-Up Interviews (By Invitation Only): Monday, June 03, 2024

Notification of Acceptance into the Program: Monday, June 10, 2024

**The Deaf Studies Department**

**California State University, Northridge**



**ASL/ENGLISH INTERPRETER EDUCATION PROGRAM (IEP)**

**FALL 2024 COHORT**

**A P P L I C A T I O N**

**I. INTENT TO APPLY**

Prior to completing the remaining parts of this application, please send an email to the Deaf Studies Department to notify us of your intent to apply to the Fall 2024 IEP Program. This will help us track your application materials and allow us to notify you if something is missing.

Send your email to: deaf.iep@csun.edu

Subject line should be: **INTENT TO APPLY—YOUR LAST NAME**

Sample text: Per this email, I am writing to inform you of my intent to apply to the Fall 2024 IEP Program. All required application materials are forthcoming.

**II. WRITTEN APPLICATION: PART A—Personal Information**

1. Full Name (Last, First, Middle):
2. CSUN ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you applied to CSUN for Fall 2024 but don’t know your acceptance yet, check this box

1. Contact Information:
2. Cell: TEXT OK? (YES / NO)
3. Email Address:

 (NOTE: CSUN students **must use** your CSUN email address)

1. Current Class Standing:
2. Cumulative Total GPA (on a 4.0 scale):
3. Your expected class standing as of the Fall 2024 semester (circle one):

Freshman Sophomore Junior Senior Graduate

1. If you applied to CSUN as a new transfer student (starting classes at CSUN in Fall 2024), what school are you transferring from:

 Name of School:

1. Relevant Coursework:

 Provide information for courses you have taken in the following areas (A-C):

1. AMERICAN SIGN LANGUAGE COURSES:

|  |
| --- |
| **Lower Division American Sign Language****DEAF 160, 161, 280, 281 (at CSUN) or Equivalent Classes****Complete Information Below or Circle DID NOT TAKE** |
| COURSE NAME | SEMESTER/YEAR TAKEN | SCHOOL NAME& LOCATION | INSTRUCTOR NAME | GRADERECV’D |
| American Sign LanguageLevel One |  |  |  |  |
| American Sign LanguageLevel Two |  |  |  |  |
| American Sign LanguageLevel Three |  |  |  |  |
| American Sign LanguageLevel Four |  |  |  |  |

|  |
| --- |
| **Advanced American Sign Language****DEAF 300 (at CSUN) or Equivalent Class****Complete Information Below or Circle DID NOT TAKE** |
| COURSE NUMBER | SEMESTER/YEAR TAKEN | SCHOOL NAME&LOCATION | INSTRUCTOR NAME | GRADERECV’D |
|  |  |  |  |  |
| COURSE NAME: |
| COURSE DESCRIPTION: |

|  |
| --- |
| **ASL/English Translation****DEAF 370 at CSUN or Equivalent Class****Complete Information Below or Circle DID NOT TAKE** |
| COURSE NUMBER | SEMESTER/YEAR TAKEN | SCHOOL NAME&LOCATION | INSTRUCTOR NAME | GRADERECV’D |
|  |  |  |  |  |
| COURSE NAME: |
| COURSE DESCRIPTION: |

B. ALL OTHER ADVANCED/SPECIALIZED COURSES IN ASL OR ASL SKILLS DEVELOPMENT:

 (i.e., Individual Skills Development, Creative Uses of ASL, etc.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COURSE NUMBER** | **SEMESTER/****YEAR TAKEN** | **SCHOOL NAME****&LOCATION** | **INSTRUCTOR NAME** | **GRADE****RECV’D** |
|  |  |  |  |  |
| COURSE NAME: |
| COURSE DESCRIPTION: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COURSE NUMBER** | **SEMESTER/****YEAR TAKEN** | **SCHOOL NAME****&LOCATION** | **INSTRUCTOR NAME** | **GRADE****RECV’D** |
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| COURSE NAME: |
| COURSE DESCRIPTION: |

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| --- | --- | --- | --- | --- |
| **COURSE NUMBER** | **SEMESTER/****YEAR TAKEN** | **SCHOOL NAME****&LOCATION** | **INSTRUCTOR NAME** | **GRADE****RECV’D** |
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| COURSE NAME: |
| COURSE DESCRIPTION: |

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| --- | --- | --- | --- | --- |
| **COURSE NUMBER** | **SEMESTER/****YEAR TAKEN** | **SCHOOL NAME****&LOCATION** | **INSTRUCTOR NAME** | **GRADE****RECV’D** |
|  |  |  |  |  |
| COURSE NAME: |
| COURSE DESCRIPTION: |

1. INTERPRETING-RELATED COURSES:

(i.e., Principles, Ethics, Specialized Settings, etc.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COURSE NUMBER** | **SEMESTER/****YEAR TAKEN** | **SCHOOL NAME****&LOCATION** | **INSTRUCTOR NAME** | **GRADE****RECV’D** |
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| COURSE DESCRIPTION: |

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| **COURSE NUMBER** | **SEMESTER/****YEAR TAKEN** | **SCHOOL NAME****&LOCATION** | **INSTRUCTOR NAME** | **GRADE****RECV’D** |
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| **COURSE NUMBER** | **SEMESTER/****YEAR TAKEN** | **SCHOOL NAME****&LOCATION** | **INSTRUCTOR NAME** | **GRADE****RECV’D** |
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| COURSE NAME: |
| COURSE DESCRIPTION: |

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| --- | --- | --- | --- | --- |
| **COURSE NUMBER** | **SEMESTER/****YEAR TAKEN** | **SCHOOL NAME****&LOCATION** | **INSTRUCTOR NAME** | **GRADE****RECV’D** |
|  |  |  |  |  |
| COURSE NAME: |
| COURSE DESCRIPTION: |

**WRITTEN APPLICATION: PART B—Typed Narrative Essay**

Relevant Deaf Community Experience(s)

Type a narrative (essay) that describes some of your personal experiences in the Deaf Community (see the Guidelines below for details).

Guidelines:

* Essay should be 1-3 typed pages (double spaced)
* Save as a .pdf or Word doc and submit electronically
* Experiences will vary. Some examples of community experiences may include:
* Situations using ASL with Deaf people outside of the classroom
* Volunteer experiences in the Deaf community
* Involvement/membership in professional or community organizations
* Personal connections with Deaf people
* Include details about each experience (who/what/where/when/why). Be sure to include a reflection about how each experience influenced or impacted you.

**WRITTEN APPLICATION: PART C—Signed Certification**

Certification of Accuracy, Agreement, Release& Accountability:

You will find the *Certification of Accuracy, Agreement, Release, & Accountability* on the next page (Page 7). Please read the agreement thoroughly before signing so that you are clear about the program’s expectations and your commitment. This page will need to be printed, then signed, scanned, and submitted with the other two components of your Written Application.

**REMINDER**: Submit all three parts of the Written Application as separate attachments in one email.

* Part A: Personal Information (Pages 2-5)
* Part B: Typed Narrative Essay
* Part C: Signed *Certification of Accuracy, Agreement, Release, & Accountability* (Page 7)

Email to: deaf.iep@csun.edu

Subject line should be: **WRITTEN APPLICATION—YOUR NAME**

**Certification of Accuracy, Agreement, Release & Accountability**

I hereby certify that

* The information provided in this application is true, accurate, and complete to the best of my knowledge and belief;
* I understand and agree that CSUN’s IEP Program Coordinator, screeners, and all related parties (hereinafter referred to as the “Reviewers”) have the right to contact any person, reference, government agency/entity, or organization to review or confirm any information provided in this application;
* I further agree to authorize the release of any information requested by the Reviewers with respect to the evaluation/review of this application;
* I understand and agree that acceptance into CSUN’s IEP depends upon my fulfillment of all required criteria and obligations including compliance with the NAD-RID Code of Professional Conduct;
* I agree that, for research and statistical purposes only, data resulting from my participation in the screening process may be used in an anonymous/unidentifiable manner;
* I understand that all application materials (including the Video Application/Statement of Interest) becomes the property of CSUN’s IEP upon receipt and will not be returned to me;
* I understand that CSUN’s IEP is a two-year program and that, if accepted, I must commit to the full two years (four consecutive semesters) of study;
* I agree to always represent CSUN and the interpreting field in a professional manner and to make/maintain a commitment to do the following:
* consistently possess a positive disposition and attitude that promotes inclusiveness;
* have respectful and meaningful social interactions in the Deaf community;
* exercise critical thinking;
* follow the tenets of ethical behavior; and
* constantly strive to improve my fluency and production of English and ASL.

Applicant Name:

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Print

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Signature Date

**III. VIDEO APPLICATION / STATEMENT OF INTEREST:**

**NOTE: This section of your application cannot be completed until a later date (to be posted in late February), and you will only have two (2) days to complete it. The purpose of the time restriction is to allow for a more natural, unrehearsed response. See the instructions below for details and dates!**

**Instructions – Dates:**

Information and instructions for the Video Application will be posted on the Deaf Studies website on Wednesday, February 28, 2024 by 3:00pm. You will have until 5:00pm on Friday, March 01, 2024 to electronically submit your file.

There will be three (3) questions/prompts that you will be required to answer. Record your responses to all three (3) questions/prompts in one continuous video file. Your file must be uploaded as an unlisted YouTube video and submitted electronically. See the directions below for details.

**Time Limit:** No more than four (4) minutes

**Recording Instructions:**

1. Video recording must be done in American Sign Language (ASL) only
2. Record your answers to the three (3) questions/prompts in one continuous video file

**How to Submit the Video:**

Your video recording must be uploaded to YouTube and submitted electronically. Follow the instructions below:

1. Create a YouTube account or login to your YouTube account and upload your video
	1. In the spaces provided, insert the following information:

**Title:** Last name, First name – Video Application

 (Example: Doe, Jane – Video Application)

**Description:** Leave Blank

**Tags:** Leave Blank

**Privacy Settings:** Select “UNLISTED”

* 1. Click ‘SAVE’
	2. Email your YouTube URL to: deaf.iep@csun.edu

 Subject line: **VIDEO APPLICATION URL—YOUR LAST NAME**

**Helpful Websites:**

<http://support.google.com/youtube/bin/answer.py?hl=en&answer=157177&topic=16647&ctx=topic>

<http://www.youtube.com/watch?v=E7lCfMOL-EQ>

<http://www.youtube.com/watch?v=_O7iUiftbKU>

**IV. REFERENCE LETTERS:**

**REQUIRED:**

Two (2) recommendation letters are required.

**\*\*\*At least ONE recommendation must be from a Deaf individual\*\*\***

NOTE: If applicants request more than two (2) recommendations, only the first two (2) recommendations received will be considered. Additional letters will be discarded.

**HOW TO CHOOSE YOUR REFERENCES**:

Applicants are encouraged to seek recommendations from individuals who know you and support your goals/desire to become an interpreter. References should have knowledge of your signing skills and your potential for language learning and successful growth in the field.

Recommendations can be submitted by:

* Faculty/Instructors
* Staff
* Employers
* Community Members

 NOTE: Letters from friends and family members are not appropriate and will not be accepted

**INSTRUCTIONS FOR YOUR REFERENCE**:

* + - 1. Clearly state your relationship to the applicant
			2. If you have a professional affiliation with a school/organization, please include the name of the school/organization and your title
			3. Points to consider:
* Knowledge of the applicant’s ASL skills; language-learning potential
* The applicant’s attitude towards Deaf people; their understanding of Deaf culture
* An assessment of the applicant’s academic and interpersonal abilities
* Honest insight about the applicant’s strengths and weaknesses as they pertain to continued growth and success in the interpreting field

**RECOMMENDATION FORMATS AND SUBMISSION INSTRUCTIONS**:

References should submit their recommendations directly to the CSUN IEP Program. They should not be given to the applicant to submit along with their other application materials. Recommendations can be submitted in any of the following ways:

1. Email

 Send directly to: deaf.iep@csun.edu

 Subject line should be: **RECOMMENDATION—APPLICANT’S NAME**

1. A Personalized Typed Letter

 Scan/email the letter directly to: deaf.iep@csun.edu

 Subject line should be: **RECOMMENDATION LETTER—APPLICANT’S NAME**

1. Video

 The instructions for submitting a video recommendation are as follows:

Time Limit: No more than three (3) minutes

Recording Instructions:

Video recording must be done in American Sign Language (ASL) only

How to Submit the Video:

The video recording must be uploaded to YouTube and submitted electronically. Follow the instructions below:

Create a YouTube account or login to your YouTube account and upload your video

In the spaces provided, insert the following information:

**Title:** Applicant’s Last name, First name – Video Recommendation

 (Example: Doe, Jane – Video Recommendation)

**Description:** Leave Blank

**Tags:** Leave Blank

**Privacy Settings:** Select “UNLISTED”

* 1. Click ‘SAVE’
	2. Email your YouTube URL to: deaf.iep@csun.edu

 Subject line should be: **VIDEO RECOMMENDATION URL—APPLICANT’S LAST NAME**

**Helpful Websites:**

<http://support.google.com/youtube/bin/answer.py?hl=en&answer=157177&topic=16647&ctx=topic>

<http://www.youtube.com/watch?v=E7lCfMOL-EQ>

<http://www.youtube.com/watch?v=_O7iUiftbKU>