

Aural Habilitation Concentration (AHC) Application
Department of Audiology and Speech Pathology
University of Tennessee

Name: _____

Address: _____

Phone Number: (home) _____ **(cell)** _____

E-mail Address: _____

Graduate Student in: **Speech-Pathology** **Audiology** **(circle one)**

I. Related Courses Completed at the Undergraduate and Graduate Level

II. Projected Required AHC Courses and Dates of Completion

III. Attach the following to this application:

- 1. Description of Previous Experiences with Children with Hearing Impairment**
- 2. Description of Previous / Current Experiences in Child Hearing Services**
- 3. Written Statement of Purpose Attached:** "I would like to pursue the Aural Habilitation Concentration because..."

IV. Statement of Participation in the Aural Habilitation Concentration:

If accepted into the Aural Habilitation Concentration (AHC), I agree to pursue the completion of requirements outlined in the University of Tennessee Graduate Catalogue and specified in the Graduate Handbook and on the Departmental Website. I have read and understand the AHC Process and Requirements. Completion of all AHC requirements must be verified by approval signatures from the Academic Advisor and a CHS Representative on the ASP 12 form (Program of Clinical Practicum) and on the AHC Completion form. I understand that upon completion of the AHC Process, I will receive an Aural Habilitation Concentration Certificate. There is no guarantee that the AHC requirements can be completed within two or three years of graduate study. At the end of a semester, I may decide to change my program of study and discontinue the AHC Process. I will provide written notification of this change to my CHS mentor and my Academic Advisor.

Student Signature: _____

Date: _____

Academic Advisor Signature: _____

Date: _____