



Department of ASL & Interpreting Studies

College of Education & Behavioral Sciences

2023-2024 Application Instructions:

1. Save application as "Last Name, First Name – ASLEI Application"
2. Email completed application to the ASLIS Administrative Coordinator & Academic Advisor–
Kate.Beilmann@unco.edu

Note: Applications submitted by April 15th each year, are given priority consideration.

American Sign Language – English Interpretation (ASLEI) B.A. Program Application

Applicant Information

Full Name: _____ **Date:** _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Preferred Phone Number: _____ **Personal Email** _____

Bear Mail: _____ **Bear Number:** _____

Program Interest: Online On-Campus

Education

Current Educational Status:

- I am currently a high school student
- I will be a first time college student
- I am currently attending a different college/university
- I am a college graduate

I have attended interpreter preparation/education:

- Yes No Currently enrolled Am a graduate

Name of program: _____ Year graduated: _____

ASL Education & Experience

NOTE: The UNC ASLEI BA program begins at ASL V. Therefore, an ASL screening is required to determine readiness and placement in the program. There is a \$175 fee to complete the screening. **You will be notified by the ASLEI program of your scheduled screening dates along with instructions on how to register.** National credentialed applicants are waived from the ASL screening.

NOTE: If an applicant is not ready to enter the program at ASL V, the degree will require more than 4 years to complete.

I have **completed** (check all that apply):

High School ASL

If applicable, please list number of years: _____ and name of high school: _____

College ASL I

College ASL II

College ASL III

College ASL IV

College ASL V

College ASL VI

I have ASL competency by way of life experience

I have national interpreting credentials (i.e. RID or EIPA 4.0+ and written)

If applicable, please list and attach copy of national credentials: _____

Other (EIPA less than 4.0 Attach copy of EIPA) _____

Please list: _____

References

Please list two academic or ASL references.

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Overview of the Demonstration of Competencies Screening

The Demonstration of Competencies (DOC) has a fee of \$175 and is given during a weeklong session online. It consists of five components:

- ASL Expressive
- ASL Receptive
- Knowledge of Deaf Culture & Grammar
- Written English
- Spoken English

Once your application is reviewed, you will receive an email with further information about the dates of your screening along with important details. When the month of screening comes, you will be sent registration information to follow hyperlinks in the document. Read more information about the ASLEI-BA at:

<https://www.unco.edu/cebs/asl-interpreting/academic-programs/aslei.aspx>

Disclaimer and Signature

By my signature on the ASLEI application, I attest all of the information contained herein is true and complete to the best of my knowledge.

I acknowledge that providing misleading or inaccurate information, in this application or in other communications with the UNC ASLEI faculty and staff, could result in disciplinary action including release from the program.

I have read the ASLEI-BA web pages from the link provided above discussing program requirements including program benchmarks, practicum hours, internship and summer sessions as well as had discussion with my advisor about these components.

I recognize that acceptance into the UNC ASLEI program is contingent upon a holistic assessment by program coordinator and staff. Further, I recognize that this evaluation process considers a number of criteria, including but not limited to the information contained in my ASLEI application package, my performance on the ASL Demonstration of Competency screening, my past academic/work performance, and other indicators of my suitability for the ASLEI program.

Print: _____ **Date:** _____

Signature: _____

ASLIS Admin Box:				
Received by: _____		Initial: _____		
Date Received: _____				
Sent by:	Fax <input type="checkbox"/>	Email <input type="checkbox"/>	Hand-delivered <input type="checkbox"/>	Other <input type="checkbox"/>