

College of Education & Behavioral Sciences

2024-2025 Application Instructions:

- 1. Save application as "Last Name, First Name ASLEI Application"
- 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

		Applica	ant Information		
Full Name:					Date:
	Last	First		M.I.	
Address:					
	Street Address				Apartment/Unit #
	City			State	ZIP Code
Preferred P	Phone Number:		Personal Email		
Bear Mail:			Bear Number:		
Program In	terest: Online On	-Campus			
		=	Education		
Current Ed	lucational Status:				
☐ I am cur	rently a high school studer	nt			
☐ I will be	a first time college student				
☐ I am cur	rently attending a different	college/univer	rsity		
☐ I am a c	ollege graduate				
I have atte	nded interpreter prepara	tion/educatio	n:		
☐ Yes [☐ No ☐ Currently enrol	led 🗌 Am a	a graduate		
Name of pr	ogram:			Year gradua	ted:

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

Print:

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.

Date:

Signature:			
ASLIS Admin Box:			
Received by:		Initial:	
Date Received:		_	
Sent by: Fax	Email	Hand-delivered	Other