

## CLINIC EXPERIENCE FORM

(Only for students coming with an undergrad degree in Communication Sciences and Disorders)

**Please fill out and return the following information by August 1.**

**Marilyn Dunham Wark, Director of Clinical Services – Speech-Language Pathology,**  
[mdunham@memphis.edu](mailto:mdunham@memphis.edu)

**Or**

**Dr. Jennifer Taylor, Director of Clinical Services – Audiology,** [jptaylr2@memphis.edu](mailto:jptaylr2@memphis.edu)

Name: \_\_\_\_\_

Summer Address: \_\_\_\_\_

Summer Phone: \_\_\_\_\_

Summer E-mail Address: \_\_\_\_\_

I have had 25 hours of observation:                      Yes: \_\_\_                      No: \_\_\_

I have had clinical practicum experience:                      Yes: \_\_\_                      No: \_\_\_

If yes, approximate number of hours: \_\_\_\_\_

Disorder types: \_\_\_\_\_

**Additional Comments:**