

CSDCAS

Participation Agreement

The Communication Sciences & Disorders Centralized Application Service (CSDCAS) is a centralized application service for graduate-level academic programs provided by the Council of Academic Programs in Communication Sciences & Disorders (CAPCSD).

CSDCAS will:

- Facilitate applications to graduate clinical training programs in Speech Language Pathology and Audiology
- At no cost to participating programs, provide a comprehensive set of tools for processing, analyzing, and reviewing applications via a web-based school specific portal
- Provide applicants with a web-based application and secure, web-based applicant portal
- Provide prospective students with access to information about participating programs
- Provide participating programs with access to electronic applicant data on a continuous basis throughout the application cycle
- Assess applicants a fee based on the number of CSDCAS programs to which they apply
- Establish and administer a fee waiver program for eligible applicants
- Provide regular and annual data reports for school specific and aggregate data
- Collect and serve as a clearinghouse for national applicant data

Participating Programs will:

- Require all applicants to submit an initial application through CSDCAS, including official transcripts and other materials
- Provide CSDCAS with annually updated information about admission requirements
- Submit a final admissions decision for all applicants in WebAdMIT

This agreement to participate in CSDCAS is non-binding, and the institution reserves the right to withdraw participation at any point without cause.

My institution: _____

is interested in participating in the Communication Sciences & Disorders Centralized Application Service (CSDCAS).

- My institution is interested in participating in the Communication Sciences & Disorders Centralized Application Service (CSDCAS). I understand that this agreement is non-binding. We wish to use the service for applicants to our:
- Master's Degree Program in SLP
 - AuD program

- By checking this box and entering my name and date below, as the authorized signatory for my program, we agree to participate in CSDCAS in the upcoming application cycle.**

Name

Date



Campus and Program Information

*If there are multiple programs, complete all of this information for each program

School Name			
Program Name			
Are you currently accredited by the Council on Academic Accreditation (CAA) or the Accreditation Commission for Audiology Education (ACAE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No Accreditation Status:		
Location	Address		
Location	City	State	ZIP
Start term (Check all that apply)	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer		
CSDCAS Open date (Choose any date after July 15th)			
Deadline (The deadline must be the 1st or the 15th of the month, anytime up until July 1st)			

Campus (if applicable)	
Delivery method (On Campus, Online, or Hybrid)	
Expected number of applications per cycle	
ERP/SIS (ex. Banner, PeopleSoft, etc.)	

Primary Contact for CSDCAS Staff	Last	First	M.I.
Title		Position Type (Ex. Faculty, Program Chair, etc.)	
Email		Phone	
Secondary Contact for CSDCAS Staff	Last	First	M.I.
Title		Position Type (Ex. Faculty, Program Chair, etc.)	
Email		Phone	