


R·I·T

A Unique College ... A Superior Education



RIT/NTID
Supplemental Application for Admission
ASL-English Interpretation



Application Procedure

In addition to the requirements outlined in the Undergraduate Application, all applicants to the ASL-English Interpretation program must submit the following information.

Associate Degree Applicants

| Forms: | To be completed and returned by: |
|----------------------------------|---|
| Confidential Recommendations (3) | ASL instructors, deaf associates, employers, teachers, etc. Freshman applicants submitting a recommendation from a high school guidance counselor need only complete two additional recommendation forms provided in this packet. |
| Supplemental Essay | Applicant |

Your completed application will be submitted to the Admissions committee for review. Candidates who possess sign language skills will be invited to campus to complete an ASL assessment.

Bachelor's Degree Applicants

| Forms: | To be completed and returned by: |
|----------------------------------|---|
| Confidential Recommendations (3) | Interpreter educators, interpreting professionals, ASL instructors, deaf associates, etc. |
| Supplemental Essay | Applicant |
| Résumé (No form provided.) | Applicant |

Bachelor's degree candidates will be invited to campus for an interview and to complete a portfolio, which will include a videotaped ASL sample, an ASL-to-English interpreting sample and an English-to-ASL interpreting sample.

If you have any questions about the information above, contact:

Rochester Institute of Technology

National Technical Institute for the Deaf

Office of Admissions

52 Lomb Memorial Drive

Rochester, New York 14623-5604

585-475-6700 (Voice/TTY) or toll-free in the U.S. or Canada at 1-866-644-6843 (Voice/TTY)

585-475-2696 (Fax)

Web Address: www.rit.edu/ntid/ASLIE

Confidential Recommendation

Part A (To be completed by applicant)

Applicant's Social Security Number

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|

Name _____
Last First Middle

Home Address _____
Number Street

_____ City State Zip Code

Telephone _____
Area Code Number

Fax _____ **E-mail** _____
Area Code Number

Applicant's Waiver of Access to Confidential Recommendations:

I hereby waive my right to review this reference.

Applicant's Signature _____

Part B (To be completed by reference)

Name _____
(Please print)

Title/Position _____

Address _____
Number Street

_____ City State Zip Code

Telephone/TTY _____
Area Code Number

E-mail _____

Signature _____ **Date** _____

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in the U.S. or Canada at 1-866-644-6843
(Voice/TTY)
585-475-2696 (Fax)

Applicant's Social Security Number

Grid for Social Security Number: [][][][][][][][][][]

Applicant's Name _____

Part C (To be completed by reference)

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

Are you deaf? Yes No

Are you fluent in ASL? Yes No

Recommendation

Please rank student in the following categories:

Table with 5 columns: Below Average, Average, Above Average, Excellent (top 10%), Outstanding (top 5%). Rows: Academic promise, Character and personal promise, Overall recommendation.

Part D (To be completed by reference)

Please comment on the nature and quality of the applicant's work and his/her readiness for college. In addition, please provide any observations about the applicant's interests in the deaf community and preparedness for the interpreting program. Attach additional sheets as necessary.

Multiple horizontal lines for writing a recommendation.

Confidential Recommendation

Part A (To be completed by applicant)

Applicant's Social Security Number

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

| | | | |
|---------------------|-----------|--------|---------------------|
| Name | _____ | | |
| | Last | First | Middle |
| | _____ | | |
| Home Address | Number | | Street |
| | _____ | | _____ |
| | City | State | Zip Code |
| | _____ | _____ | _____ |
| Telephone | _____ | | |
| | Area Code | Number | |
| | _____ | _____ | |
| Fax | _____ | | E-mail _____ |
| | Area Code | Number | |
| | _____ | _____ | |

Applicant's Waiver of Access to Confidential Recommendations:

I hereby waive my right to review this reference.

Applicant's Signature _____

Part B (To be completed by reference)

| | | | |
|-----------------------|----------------|-------------|----------|
| Name | _____ | | |
| | (Please print) | | |
| Title/Position | _____ | | |
| Address | Number | | Street |
| | _____ | | _____ |
| | City | State | Zip Code |
| | _____ | _____ | _____ |
| Telephone/TTY | _____ | | |
| | Area Code | Number | |
| | _____ | _____ | |
| E-mail | _____ | | |
| Signature | _____ | Date | _____ |

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Applicant's Social Security Number

Grid for Social Security Number: [][][][][][][][][][]

Applicant's Name _____

Part C (To be completed by reference)

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In what capacity do you know the applicant? _____

Are you deaf? Yes No

Are you fluent in ASL? Yes No

Recommendation

Please rank student in the following categories:

Table with 5 columns: Below Average, Average, Above Average, Excellent (top 10%), Outstanding (top 5%). Rows: Academic promise, Character and personal promise, Overall recommendation.

Part D (To be completed by reference)

Please comment on the nature and quality of the applicant's work and his/her readiness for college. In addition, please provide any observations about the applicant's interests in the deaf community and preparedness for the interpreting program. Attach additional sheets as necessary.

Multiple horizontal lines for writing a recommendation.

Confidential Recommendation

Part A (To be completed by applicant)

Applicant's Social Security Number

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

Name _____
Last First Middle

Home Address _____
Number Street

_____ City State Zip Code

Telephone _____
Area Code Number

Fax _____ **E-mail** _____
Area Code Number

Applicant's Waiver of Access to Confidential Recommendations:

I hereby waive my right to review this reference.

Applicant's
Signature _____

Part B (To be completed by reference)

Name _____
(Please print)

Title/Position _____

Address _____
Number Street

_____ City State Zip Code

Telephone/TTY _____
Area Code Number

E-mail _____

Signature _____ **Date** _____

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(Voice/TTY)
585-475-2696 (Fax)

Supplemental Essay

Part A (To be completed by applicant)

Applicant's Social Security Number

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

| | | | |
|---------------------|-----------|--------|---------------------|
| Name | _____ | | |
| | Last | First | Middle |
| Home Address | _____ | | |
| | Number | Street | |
| | _____ | | |
| | City | State | Zip Code |
| Telephone | _____ | | |
| | Area Code | Number | |
| Fax | _____ | | E-mail _____ |
| | Area Code | Number | |

Your signature below indicates that you received no assistance in writing this essay.

Applicant's Signature _____

Essay

Share with us why you will make an outstanding ASL-English Interpreter and what contributions you think you will make to the field. Include any relevant information about past work or personal experiences that demonstrate your aptitude for the physical and intellectual demands of a career as an ASL-English interpreter.

Note: This essay will be judged on vocabulary, grammar, mechanics, style, and creativity. It must be typed and at least one page in length. Please submit this signed form with your essay attached.

If you have any questions about this application, contact:

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