

**APPLICATION FOR
THE IOWA COMMUNICATION ASSOCIATION
RECOGNITION OF ACHIEVEMENT IN SPEECH COMMUNICATION**

Name of student: _____

Address for student:

E-mail address for student: _____

Student agrees to have Recognition placed in local newspaper and ICA Newsletter: Yes ___ No ___

Education institution: _____

Two-year _____

Four-year _____

Name of speech teacher from institution: _____

Address for teacher:

E-mail address for teacher: _____

Total number of approved speech communication credits and name of institution where credits were earned: _____

G.P.A. for speech communication and related courses: _____ Overall G.P.A. _____

***** Attach copy of transcripts to verify courses, credits, and G.P.A.**

Please list the speech communication and related courses completed:

Course Name	Course number	# of Credits	Grade Received
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When completing final course, student may get faculty signature indicating current/expected grade to meet requirements.

Submit to Designated Speech Teacher for Approval

Must be received by ICA by June 1, _____.