



# Request for Academic Records/Transcripts

FOR SCHOOL TO COMPLETE, page 2

8. School telephone \_\_\_\_\_ School fax \_\_\_\_\_

9. School email address \_\_\_\_\_ School web address \_\_\_\_\_

10. Is this school accredited or government approved?  Yes  No

By whom? \_\_\_\_\_ Date accredited or approved \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Is this educational program accredited or government approved?  Yes  No

By whom? \_\_\_\_\_ Date accredited or approved \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

*I hereby attest that the enclosed academic records/transcripts accurately states the courses taken, hours of study and grades received for this applicant.*

11. Registrar signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Do not print, sign entire name. School seal or stamp must cover signature.

Print name \_\_\_\_\_ Title \_\_\_\_\_

For speech language pathologists: In addition to a copy of the academic records/transcripts, please provide details of your clinical observation and clinical practice hours for the evaluation and treatment of speech disorders in children and in adults, of language disorders in children and in adults, and prevention of communication disorders, and audiology.

Hours	Speech disorders in children		Speech disorder in adults		Language disorders in children		Language disorders in adults		Prevention of communication disorders	Audiology
	Eval	Treatment	Eval	Treatment	Eval	Treatment	Eval	Treatment		
Clinical observation										
Clinical practice										

For audiologists: In addition to a copy of the academic records/transcripts, please provide details of your clinical observation hours, clinical practice hours, and total supervised hours for the evaluation of hearing in children and adults, treatment of hearing disorders in children and adults, and selection and use of amplification and assistive devices for children and adults.

Audiologist hours	Evaluation of hearing		Treatment of hearing disorders		Selection and use of amplification and assistive devices	
	Children	Treatment	Children	Treatment	Children	Treatment
Clinical observation						
Clinical practice						
Total supervised						

Please send this document and academic records/transcripts, in English, in an envelope with your seal or stamp over the flap after sealing. Send via airmail to : CGFNS International, 3600 Market Street, Suite 400, Philadelphia, PA 19104-2651 USA