



SECTION 1: TO BE COMPLETED BY THE APPLICANT

Complete and submit the following form to your educational institution’s registrar, controller of examinations or other authorized school official.

First Name(s)/Given Name(s)	
Middle Name(s)	
Last Name(s)/Surname(s)	
Former Last Name(s)	
Date of Birth	
Student ID Number	
<p>I hereby authorize the university where I obtained my audiology and/or speech-language pathology education, to share the information listed in Section 3 of this form, with the College of Speech-Language Pathologists and Audiologists of Saskatchewan (CSASK) for the purpose of completing an assessment of my educational credentials and qualifications for licensure in Saskatchewan.</p>	
Date:	Signature:

SECTION 2: TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION

The student/graduate named in **Section 1** of this form has applied to the College of Speech-Language Pathologists and Audiologist of Saskatchewan (CSASK) for licensure. To help us complete the assessment, please provide the information/documentation below.

- This section must be completed by a program official such as a **Registrar, Program Director, Program Dean or Principal or other authorized school official**.
- The completed form and all other required documents must be sent directly to CSASK in an envelope bearing the seal of the educational institution.

Name of Institution/University	
Address of Institution	
Degree/Credential Obtained	
Graduation Date	
Name of Official	
Title/Position	
E-mail address	
University Seal	
Date:	Signature:

SECTION 3: DOCUMENTS REQUESTED

Please send the following documents **directly** to the CSASK office at the address in the footer below.

	Completed "Request of Academic Document" form
	Official academic records/transcripts/statement and relevant grading scales
	Completed "Supervised Clinical Practice Hours" form. – see attached
	Course syllabus including: <ul style="list-style-type: none">• Course objectives and format• Detailed course content• Total number of lecture hours• Required assignment(s) or report(s)• Required text(s)• Required reading(s)• Type and method of examination(s)
	Other:

If you are unable to provide a document or certain information, please provide reason(s):

Submit to:
The College of Speech-Language Pathologists and Audiologists of Saskatchewan
1260 Hamilton Street | Regina, SK | S4R 2B4 |
Fax: 306-757-3986
Email: office@csask.ca