



**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.

<b>First Name(s)/Given Name(s)</b>	
<b>Middle Name(s)</b>	
<b>Last Name(s)/Surname(s)</b>	
<b>Former Last Name(s)</b>	
<b>Date of Birth</b>	
<b>Student ID Number</b>	
<p>I hereby authorize the university where I obtained my audiology and/or speech-language pathology education, to share the information listed in <b>Section 3</b> 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>	
<b>Date:</b>	<b>Signature:</b>

**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.

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

**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"><li>• Course objectives and format</li><li>• Detailed course content</li><li>• Total number of lecture hours</li><li>• Required assignment(s) or report(s)</li><li>• Required text(s)</li><li>• Required reading(s)</li><li>• Type and method of examination(s)</li></ul>
	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  
Email: [office@csask.ca](mailto:office@csask.ca)