

## Speech-Language Pathology Services Two-Year Preliminary Credential Evaluation

  

CSULB ID

Final Semester

Program Admit Date

Email:

**Bachelor's Degree:**

**Master's Degree:**

### CTC Clearance

Document Title:

Expiration Date:

### Basic Skills

Met by:

Date Passed:

### Coursework

Units/Grade:

SLP 661   
SLP 662   
SLP 663   
SLP 665   
SLP 666   
SLP 667   
SLP 668   
SLP 669A   
SLP 669J   
SLP 670

Units/Grade:

SLP 672   
SLP 676   
SLP 678 (2 units)   
SLP 696   
*Comprehensive Exam or Thesis:*  
SLP 695   
**OR**  
SLP 698   
*Credential Coursework:*  
EDSP 350   
SLP 575   
SLP 686A

### Clinical Clock Hours

Submitted by program coordinator at the completion of your program

Date Received:

### Notes:

Evaluation Date:

Evaluated By:

Date to Credential Candidate:

Date to Department: