

## 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:*

*Units/Grade:*

SLP 661

SLP 672

SLP 662

SLP 676

SLP 663

SLP 678 (2 units)

SLP 665

SLP 696

SLP 666

*Comprehensive Exam or Thesis:*

SLP 695

SLP 667

**OR**

SLP 698

SLP 668

*Credential Coursework:*

SLP 669A

EDSP 350

SLP 669J

SLP 575

SLP 670

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:*