

**DEPARTMENT OF HEALTH
BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**

**CERTIFICATION OF CONFERRAL
OF
MASTER'S DEGREE
Form SPA-2D**

Print clearly in black ink or type the following information.

THIS IS TO CERTIFY THAT _____
(Name of Applicant)

has completed all requirements for a Master's Degree with
a major emphasis in Speech Language Pathology

and that said degree was received on _____,

from

(Name of Institution)

School Seal

Signature of University Official

Date

Registrar

Date

(NOTE: AN OFFICIAL TRANSCRIPT MUST ACCOMPANY THIS FORM)

DH-SPA -2D Effective 3/16/1994 Revised 08/03 Reference 64B20-2.002 (b)