 Request for Academic Documents

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| **SECTION A: Instructions for Applicant** |
| 1) Please complete the top part of the form. |
| 2) Submit this form to the institution’s **Registrar, Controller of Examinations or other authorized school official.** |
| First Name/ Given Name (s): |  |
| Middle Name(s): |  |
| Last Name(s)/ Surname(s): |  |
| Former Last Name(s): |  |
| Date of Birth: |  |
| Student ID Number: |  |
| I agree and allow my University, where I obtained my Audiology and/or Speech-Language Pathology education, to give the information asked for in the Request for Transcript and Clinical Hours to the Nova Scotia College of Audiologists and Speech-Language Pathologists (NSCASLP) so NSCASLP can complete my educational credential and qualifications assessment. |
| Date: DD/MM/YYYY | Signature: |

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| **SECTION B: Instructions for Institution** |
| **The student/graduate named above** has applied to the Nova Scotia College of Audiologists and Speech-Language Pathologists (NSCASLP) for an educational credential and qualifications assessment. To help us complete the assessment, please provide the information asked for in the remainder of this document. |
| 1. Please complete the section B of this form. This form must be **completed by a** program **official such as a Registrar, Program Director, Program Dean, or Principal**.

**The institution must email this form and a copy of the student/graduate’s official academic records (i.e., transcripts or statement of marks) directly to the NSCASLP. We will not accept documentation from the student/graduate. We** will not accept this form if the applicant or any relative or friend of the applicant completes it or sends it to us. |
| Name of Institution/University: |  |
| Address of Institution: |  |
| Degree/Credential Obtained: |  |
| Graduation Date: | DD/MM/YYYY | School Seal/Stamp |
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| Name of Official: |  |
| Title/Position |  |
| Phone Number: |  |
| E-mail Address: |  |
| Date: | DD/MM/YYYY |
| Signature: |  |