

PROGRAM DIRECTOR'S RECOMMENDATION:

This applicant's master's/doctoral degree will be/was officially conferred by this institution on _____.
(Circle one) (Circle one)

This student has passed the comprehensive examination: Yes _____ No _____

As the Director of the program in which this applicant received the major portion of his/her professional training, I recommend that a license be granted if and when all requirements are met by the applicant.

Comment:

Name of Applicant: _____

Signature of Program Director: _____

Printed Name: _____

Title: _____

Institution: _____

Address: _____

The applicant should mail this form along with the completed application to:

**N. C. Board of Examiners for SLP & AUD
PO Box 16885
Greensboro, NC 27416-0885**

The Program/Clinic Director may mail this form separately if necessary, or email it directly to dbrown@ncboeslpa.org. The Board will not accept forms that are emailed by the applicant.