

**FINAL CERTIFICATION OF COMPLETION OF DEGREE REQUIREMENTS  
FOR  
DOCTOR OF AUDIOLOGY**

**The Graduate Studies Committee in Communication Sciences and Disorders has determined that:**

**NAME:**

**EID:**

**has successfully completed the academic and clinical requirements of the Doctor of Audiology degree indicated below. Having done so, the graduate program recommends that the degree of Doctor of Audiology be granted.**

Core Courses	_____ semester credit hours
Clinical Practicum (CSD 181L, 281L, 381L)	_____ semester credit hours
Clinical Externship (CSD 397, 697, 997)	_____ semester credit hours
Scholarly Manuscript in Audiology	(Hours included with core courses)
<b>TOTAL CREDIT HOURS:</b>	_____
(Minimum 82 Credit Hours Required)	

**Signature of Director of Audiology:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Signature of GSC Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Return this form to: Doctoral Degree Evaluator, Office of Graduate Studies, Main 101,  
Mail Code G0400.**