

AuD Specialization Coursework Approval Form

Student Name: _____

Date: _____

Please list the courses that you are planning to take as part of your specialization option:

Course Title	Department	Course #	Credit Hours	Q/Yr Offered

Please Note: if you are taking coursework outside the Department of Speech and Hearing Science, please make sure to verify the quarters of offering with the specific Department.

Approval:

Chair of Audiology Oversight Committee

Date

Please complete this form by Autumn Quarter of your second year of enrollment