



**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)

DOH/SLPA/CONFERRAL CERT/REVISED 08/03