Instructions for requesting a copy of the Observation Tracking Form:

1. Contact the Program Coordinator by writing to:

Mr. Whitley
Program Coordinator
Department of Communication Sciences and Disorders
University of Houston
100 CRS
Houston, TX 77201-6018

Emails or phones calls (unless to arrange a meeting with Dr. Maher) will not be honored.

- 2. Enclose a check made payable to the University of Houston with your request. There is a \$10 fee per copy.
- 3. Enclose the request form.
- 4. Allow 2 weeks for processing and delivery.
- 5. Sample Request:

Dear Program Coordinator,
I am applying to the State Board of Examiners for Speech- Language Pathology and Audiology for a license. I require a copy of my clinical observation hours (observation tracking) form from the fall/spring/summer semester, 20_
Enclosed is a check and the request form. I understand it will take 2 weeks to process my request. Please mail the form to: (write your address).
Thank you,
Student

Observation Tracking Form Request

Please complete the following information, sign the form and mail to **UH**, **COMD Program Coordinator**, **Tom Whitley**, **100 CRS**, **Houston**, **TX 77204-6018**. There is a \$10.00 fee per copy of Observation Tracking Form. Enclose a check made payable to the University of Houston with your request. Allow 2 weeks for processing.

Date:	Peoplesoft or UH ID Number:	
Name:		
Other names used while in attendance:	FIRST	
LAST	FIRST	
Telephone:	Email:	
Address:		
STREET	CITY, STATE, ZIP	
Address for the form to be mailed:		
STREET	CITY, STATE, ZIP	
Status:	Semester & Year of COMD 4489 (Clinical Procedures):	
UNDERGRADUATE POST-BACCALAUREATE	FALL/SPRING/SUMMER 20	
Expected Employer:	Semester & Year of Graduation:	
	FALL/SPRING/SUMMER 20	
Number of copies of Observation Tracking Form requested:	Signature:	
Tracking Form requested.		
FOR OFFICE USE ONLY		
Check #: Amount:	Processed by:	