

[Department/School Letterhead]

Name, title, and contact information for the person providing verification. This does not have to be the department chair or coordinator but does need to be someone in the department with access to official records.

Date

To the OSSPEAC Graduate Scholarship Review Committee,

As a member of the department of Speech-Pathology and Audiology I verify that [student's name] has earned a GPA of [insert] for graduate studies in our program. I can also confirm that this student will be involved in the (select one) second/third/fourth year of study during the Fall 2020 semester.

Signature