

STEPHEN F. AUSTIN STATE UNIVERSITY

Department of Human Services and Educational Leadership

Speech-Language Pathology Program / Stanley Center for Speech and Language Disorders

P. O. Box 13019, SFA Station Nacogdoches, Texas 75962-3019

Phone (936) 468-7109 - Fax (936) 468-7096 - E-mail: speechpath@sfasu.edu

Sponsorship Agreement

agrees	s to sponsor
(Name of Employer)	(Name of graduate student)
In the Speech-Language Pathology distance master and 2026-2027 academic years.	r's program at Stephen F. Austin State University for the 2025-2026
	he employing agency understands the commitment to all stions, please contact our program office at: 936-468-1252.
	is graduate student includes the following commitment from my ticipate or continue to participate in this program without a
I agree that I have communicated the defadministration of my employing agency and others of	tails of this agreement with and have approval from the directly affected by this agreement.
We agree that the employer will:	
provide practicum site(s) for the SFASU 3 during the academic semesters of 2025-2026 and 2	SLP distance graduate student for a minimum of 6 hours per week 2026-2027.
experiences required by the Council for Academic A	cum placements allow him/her to acquire the practicum Accreditation (CAA) of the American Speech-Language Hearing school-age, and/or adult populations and with 8 disorder types (for a.
	ech-language pathologist (SLP) with three years of experience as student for 6 hours of practicum per week across 4 semesters.
adjust the SLP supervisors' workloads to the CAA. (To include two CEVS with topic focus sup	allow time for supervision following the minimum requirements by pervision)
Minimum of 25% supervision of treatmMinimum of 50% supervision of each of	
release the student from their job duties t semester).	to attend class via Zoom during designated class times (varies by
affirm that this agreement remains in effe	ect regardless of staff/personnel changes.
I affirm that I am authorized by my employer to ente	er into this sponsorship agreement.
Printed Name	Title or Position
Date	Signature of Authorized Administrator
Address	
Phone Ems	ail