Andrews University

Department of Music

Completion of Practical Training Requirement Form

Name of Student _____ ID _____

Graduate Degree _____ Applied Area _____

Type of Professional Experience or Training _____

Type of Activity	Dates	Location	Hours

Request of Waiver

Describe professional experiences or trainings you want to submit as equivalent for this requirement.

Activity	Dates	Location	Hours

Student Signature _____ Date _____

Program Director Signature _____ Date _____