Name:	ID:						
Date Accep	ted:	 Advisor:_					
	Degree Requirements		Candidate Credit				
Acro/Num	Title		Waive Transcript d Name of Credit the Schoo	ed			

Degree Requirements				Candidate Credit							
Acro/Num	Title	Credit	_	Transfer	d	Transcript Name of the School	ed	to be			700 level-no dissertation
FOR TEACHER CERTIFICATION REQUIREMENTS (THAT MAY FOLLOW IN THESE BOXES) JEANNIE WOLFER (wolferj@andrews.edu) IS YOUR ADVISOR.											