ADVANCED STANDING

Revised: 04/02

Department of Educational Administration and Policy Studies
School of Education

General information of the student

Student Name					
Student ID Number					
Address					
City		**State**		**Zip**	
Phone (Home)	( )	**Phone (Work)**	( )		
Email					

Please indicate the degree program you are enrolled:

❑ Master of Science ❑ Certificate of Advanced Studies ❑ Doctor of Philosophy

The above named student has been granted a total of _____ graduate credits of advanced standing to be applied to their degree program in EAPS. The course to be given advanced standing are:

Institution	Course	Grade	Hours	Date Taken

Signature, Advisor Date

Signature, Chair of EAPS Curriculum Committee Date

cc: Registrar
Department File
Advisor
Student