EdS in K-12 Educational Administration Course Plan (2009-2010 Bulletin)

Name:	_ ID:	Date Accepted:
For Parts A, B, C, D, and E, your advisor is:	Duane Covrig (covrig@and	rews.edu)
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	Sylvia Gonzalez (sylviag@a	andrews edu)

	Degree Requirements						Candidate	Credit	
			AU	Transfer	Waived	Transcript Name of the)Attached	Term taken or to be	
Acro/Num	Title	Credits		Credits			*		Grades

Did you receive an appropriate approval?	□Yes	\square No	□N/A	
(You must received Dr Kijai's approval to transfe				
Did you use any other course to substitute a required course	□Yes	∐No	$\square N/A$	
If you substituted a required course, did you submit a petiti	\square Yes	\square No	$\square N/A$	
Are you planning on taking any relevant coursework outside	\square Yes	\square No	$\square N/A$	
If you are planning it, did you submit a petition for permiss	\square Yes	\square No	$\square N/A$	
Do you have a minimum of AU 24 semester credits of cour	sework after			
acceptance into the program to meet the minimum residence	\square Yes	\square No		
Have you met the residency requirements? (See the Special	\square Yes	\square No		
Do you have at least 43 semester credits at the 500 level or	\square Yes	\square No		
Does your total meet the minimum 64 semester credits?	\square Yes	\square No		
Candidate's Signature	Date			
Academic Advisor	Date			