

Memorandum of Understanding

Name _____

ID# _____

Home or Cell Phone _____

Advisor _____

Student Signature _____

Date _____

Area of Master’s Concentration (Please check current program):

Bilingual

Counseling:

School Counseling

Student Affairs

Curriculum and Instruction:

Specialty Options – Disciplines

Field Based Specialty

Educational Technology

Educational Administration

Reading and Literacy

Special Education

Early Childhood Education

I understand that my petition to waive the teaching credential requirement has been approved on the basis that I do not plan to teach in a situation where a basic teaching credential is required.

Further, I understand that should I decide at any later date to pursue a service or specialist credential, that a basic teaching credential would be required as a prerequisite.

Student’s Signature

Date

Advisor’s Signature

Date