

Application for Advanced Standing

1. Describe courses for which Advanced Standing is requested.

Course #	Course Title	University/College	Year	Grade

2. Describe professional certification (if applicable): _____

3. Attach official transcript, course descriptions and/or syllabi to this application.

Signature of student: _____ **Date:** _____

Major Advisor's statement: The student's advisory committee would approve Advanced Standing for courses detailed above as part of the student's Plan of Study.

Signature of Advisor: _____ **Date:** _____

Office use only:

REVIEW

Application received by: _____ **Date:** _____

Disposition: _____

Program Director: _____ **Date:** _____

cc: Joan Segal
Student: _____
Major Advisor: _____