

Andrews University

Department of Music

Completion of Practical Training Requirement Form

Name of Student _____ ID _____

Graduate Degree _____ Applied Area _____

Type of Professional Experience or Training _____

<u>Type of Activity</u>	<u>Dates</u>	<u>Location</u>	<u>Hours</u>
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Request of Waiver

Describe professional experiences or trainings you want to submit as equivalent for this requirement.

<u>Activity</u>	<u>Dates</u>	<u>Location</u>	<u>Hours</u>
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Student Signature _____ Date _____

Program Director Signature _____ Date _____