



NOVA SOUTHEASTERN
UNIVERSITY

Abraham S. Fischler
College of Education

MEMORANDUM OF UNDERSTANDING

Master of Science in Education with a Specialization in
Educational Leadership & Administration (MEAL)

Date: _____

Student's Name: _____
First Name, M.I., Last Name

NSU Identification Number: _____

NSU Email Address: _____

Degree Objective: Master of Science in Education

Specialization: Educational Leadership & Administration (MEAL)

This waiver is required as an acknowledgement that the MEAL specialization does not lead to certification in Educational Leadership (K-12) in any state or district and is not a state-approved program.

Upon completion of my degree program at Nova Southeastern University, I understand I will not achieve certification in Educational Leadership.

Student's signature: _____

Please sign and return this to the Office of Enrollment Services:

Fax: (954) 262-2336