



NOVA SOUTHEASTERN  
UNIVERSITY

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**Abraham S. Fischler**  
**School of Education**

**MEMORANDUM OF UNDERSTANDING**

**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 and Administration (MEAL)

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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:** \_\_\_\_\_