

Millersville University
Office of Graduate Studies and Research

**Request to Take Course at Another University
for Transfer of Credit Back to Millersville University***

*This form must be received by the graduate office, signed by all appropriate parties at least 5 business days prior to date of required processing. Courses are not approved to transfer without all signatures on this form regardless of student registration or payment status from the other named institution.

Student's Name	Student I.D. Number		
Address	City	State	Zip

I am requesting permission to take the following course(s) at _____
(institution)
during the _____ (semester) _____(year):

To be completed by student		
Course Number	Title	Credits

To be completed by adviser
M.U. Equivalent/Elective

A catalog description of the course(s) listed above is attached to this request. This request has the recommendation of my adviser and the graduate program coordinator of my program. I understand that if permission is granted, a letter verifying my status in the graduate program will be sent to the institution noted above. I have been advised that I must earn a grade of "B" or better to have the credits transferred to my degree program. **I also understand that it is my responsibility to have an official transcript of the course work sent directly to the Office of Graduate Studies so that a note of these transfer credits can be made on my Millersville University transcript.**

Adviser's Signature	Date
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Graduate Program Coordinator's Signature	Date
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This recommendation is Approved Not Approved.

Comment:

Graduate Dean's Signature	Date
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