

Millersville University
Office of Graduate Studies and Research

**Request for Change of Curriculum
for Master Degree Programs and Supervisory Certification**

(This form CANNOT be use for Post-Baccalaureate Certification, students must apply to the desired program)

_____ Name _____ Student I.D. Number (M#) _____

_____ Current Address _____ City _____ State _____ Zip _____ Phone Number _____

I request the following change/addition in curriculum:

_____ change or add _____
Current Program circle one New Program

Reason _____

Signature _____ Date _____

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To be completed by the student's **present** adviser or graduate program coordinator:

I do do not recommend this change of curriculum.

Comments: _____

Signature _____ M# _____

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To be completed by chairman of department or graduate program coordinator into which the student wishes to transfer:

This transfer is is not recommended.

Comments: _____

Signature: _____ M# _____

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To be completed by the dean of graduate studies:

This transfer is is not approved.

Comments: _____

Dean's Signature _____ Date _____

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Received and recorded by the Office of Graduate Studies:

Signature _____ Date _____