

Millersville University
Office of Graduate Studies and Research

Master's Degree Program
Request for Millersville University Course Substitution

Name	Student ID (M#)		
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Address	City	State	Zip
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Phone Number	Email		

M.U. program requirement for which a substitute is being requested (list course number and title):

M.U. course to be used as the substitute (course number and title, term/year planning to enroll):

_____ Term/Year _____

Reason for substitution:

Student's Expected Graduation Date _____

_____ Adviser's Signature	_____ Date
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_____ Graduate Program Coordinator's Signature	_____ Date
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This course substitution is Approved Not Approved.

_____ Graduate Dean's Signature	_____ Date
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