



Authorization for Transfer of Credit

Student Instructions:

- 1. Discuss your plans with your adviser.
2. Check the Transfer Equivalency lists on the Registrar's Office web site for an MU equivalent to the course you plan to take.
3. Obtain signatures from your adviser and the department chairperson of your major.
4. Return this form to the Registrar's Office for review.
5. Present approved form to the appropriate official at the institution you plan to attend.
6. Upon completion of course work, you must have an official transcript sent to: Transcript Evaluator, Registrar's Office, Millersville University, P.O. Box 1002, Millersville, PA 17551-0302.

Eligibility:

- See the latest Millersville University catalog for policies regarding "Study at Another Institution" and repeating courses.
a. Credit must be earned on the campus of a regionally accredited institution.
b. If you transferred to Millersville, you are required to take a minimum of 30 credits and 50% of the major (and minor) in residence.
c. Courses for which you earned a grade (except W-withdraw) at Millersville may not be repeated at another institution.
d. Transfer credit will be awarded only for authorized courses in which a grade of "C-" or higher is earned.
e. Transfer credits and grades are not used in computing the Millersville GPA.

Please Print

STUDENT NAME _____ ID _____

MAILING ADDRESS (To return form) _____ Street _____ City _____ State _____ Zip _____

COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND _____

TERM _____ YR _____

This certifies that the above student is regularly enrolled at Millersville University and that he/she is hereby authorized to pursue courses at your institution. This authorization is valid only if the form is signed and the university seal has been affixed.

Courses Authorized are: (Subject, No. - Short title) Example: SPCH 101 Eff Speaking

To be credited at MU as: (MU Equivalent - Subject, No.) Example: Comm 100

Four horizontal lines for entering course information.

Adviser _____ Date _____ Major Dept. Chair. _____ Date _____ Transcript Evaluator _____ Date _____

(SEAL) Date Affixed _____