

**Request to Take Course at Another Institution  
For Transfer of Credit Back To Millersville University**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's I.D. Number

I am requesting permission to take the following course(s) at \_\_\_\_\_  
Name of Institution  
during the \_\_\_\_\_ (semester) \_\_\_\_\_ (year):

To be completed by student		
Course Number	Title	Credits

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

A catalog description of the courses(s) listed above is attached to this request. This request has the recommendation of my advisor and the program/department chair in \_\_\_\_\_. I have been advised that I must earn a grade of "B" or better to have the credits transferred to my certification program. ***By signing below, I accept that it is my responsibility to have an official transcript of the course sent directly to the Certification Office, Millersville University, P.O. Box 1002, Millersville, PA 17551-0302.*** Course credit will not be given without an official transcript on file in the Certification Office.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program/Department Signature

\_\_\_\_\_  
Date

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This recommendation is  Approved  Not Approved.  
Comment:

\_\_\_\_\_  
Certification Office Signature

\_\_\_\_\_  
Date