

**THE GOETHE-INSTITUT INTER NATIONES E.V.
AND
MILLERSVILLE UNIVERSITY OF PENNSYLVANIA**

UNDERGRADUATE COURSE CREDIT APPLICATION

PLEASE TYPE OR PRINT. ALL ITEMS MUST BE COMPLETED UNLESS OTHERWISE NOTED.

I. GENERAL INFORMATION

(Social Security number;
if MU student, use MU ID #) Day / Month / Year Ethnicity
Date of Birth

Last name First name Middle initial

Previous name, if any U.S. Citizen: Yes _____ No _____ Gender: M/F _____

Permanent Mailing Address/Street

City State Zip code

Home phone: (_____) _____ ---- _____
Area code Phone number

E-mail address: _____

Are you currently enrolled at a university/college in the United States? If so, please identify and provide address below:

Name of institution: _____
Address: _____

If not in the above category, please indicate other status (example: teacher and school district address):

II. GOETHE COURSE INFORMATION

Undergraduate Goethe-Institut Course (s) _____

LEVEL: _____ CITY: _____ FROM: _____ TO: _____
(day/month/year) (day/month/year)

LEVEL: _____ CITY: _____ FROM: _____ TO: _____
(day/month/year) (day/month/year)

LEVEL: _____ CITY: _____ FROM: _____ TO: _____
(day/month/year) (day/month/year)

III. PAYMENT INFORMATION

Please check your payment option:

_____ A U.S. \$ Check, made payable to Millersville University (indicate "Goethe" on memo line).
Check must accompany this application form for it to be processed.

OR

_____ Credit card issued by a US bank. If paying by credit card, please indicate type of card:
_____ Master Card _____ Visa _____ Discovery Card

Credit Card #: _____ Exp. Date: _____ Amount \$ _____

Signature: _____

IV. ACKNOWLEDGEMENT OF TERMS OF PROGRAM PARTICIPATION

I have read, understood and agreed to these terms of participation in the credit acknowledgement program between Millersville University and the Goethe-Institut as contained in "Conditions for Awarding Millersville University Academic Credit" and "Goethe Undergraduate Course Credit Award Guidelines".

Signature

Date of application

MILLERSVILLE UNIVERSITY TRANSCRIPT MAILING REQUEST

THERE IS NO SEPARATE MILLERSVILLE UNIVERSITY TRANSCRIPT FEE. PLEASE ALLOW 10 BUSINESS DAYS FOR PROCESSING.

1. Number of copies requested? _____

2. Send transcripts to (please print clearly):

Address #1:

Address #2:

Note: If additional transcripts are needed, please visit the MU Registrar's Office web site at <http://www.millersville.edu/~register/> for instructions and a printable request form.

Signature (required)

Date