

Millersville University

College of Graduate Studies and Adult Learning

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)

Student Name _____

Student I.D. Number (M#) _____

Email Address (approved form will be sent to this email address) _____

I request the following change/addition in curriculum:

Current Program _____

New Program _____

Reason for change: _____

Student 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 the College of Graduate Studies and Adult Learning:

This transfer is is not approved.

Comments: _____

Dean's Signature _____ Date _____

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Received and recorded by the College of Graduate Studies and Adult Learning:

Signature _____ Date _____