

**Millersville University**  
College of Graduate Studies and Adult Learning

Master's Degree Program  
Request for Millersville University Course Substitution

Student Name

Student ID Number

Email address (approved form will be sent to this address)

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):

Reason for substitution:

Student's Expected Graduation Date:

\_\_\_\_\_  
Adviser's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Program Coordinator's Signature

\_\_\_\_\_  
Date

.....  
This course substitution is  Approved  Not Approved.

\_\_\_\_\_  
Graduate Dean's Signature

\_\_\_\_\_  
Date