Request to Take Course at Another Institution
To Satisfy a Millersville University Requirement

__________________________  __________________________
Student’s Name                Student’s M#               

I am requesting permission to take the following course(s) at __________________________

__________________________  __________________________
Name of Institution          Name of Institution  

During the ____________________ (semester) ____________________ (year):

| Course Number | Title | Credits
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<th>To be completed by student</th>
<th>To be completed by advisor MU Equivalent/Elective</th>
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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               

This recommendation is ___ Approved ___ Not Approved.
Comment:

__________________________  __________________________
Dean’s Office Signature                Date               

Distribution: Certification Office - Dean's Office - Advisor - Department - Student