

**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

During the \_\_\_\_\_ (semester) \_\_\_\_\_ (year):

<b>To be completed by student</b>		
<b>Course Number</b>	<b>Title</b>	<b>Credits</b>

<b>To be completed by advisor MU Equivalent/Elective</b>

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**