

**Request to CLEP for Course Credit
Towards Post-Baccalaureate Certification Requirements**

Certification
Phone: 717-872-3816
Fax: 717-871-2034

To: Certification Office

From:

Student's Name _____ Student ID# _____
Student's email address _____ Phone # _____

Date: _____

Equivalency to MU Course		
Course Number	Course Title	Credits

Title of CLEP Subject Exam

- ◆ This request has the recommendation of my advisor in the department of _____.
- ◆ I understand that if permission is granted, a scanned version of this form verifying my status of credit will be emailed to me, sent to my advisor listed below, and noted in my certification file.
- ◆ *By signing below, I accept that it is my responsibility to have an official score report of the CLEP 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 CLEP score report.*

Student's Signature

Date

Advisor's Signature

Date

This recommendation is Approved Not Approved.
Comment:

Certification Office Signature

Date

**Distribution: Certification Office(Original) – Advisor (Copy via email) –Student (Copy via email)
Test Center/Graduate Studies (Copy via email)**