

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

Student's Name

Student's I.D. Number

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

Name of Institution

during the _____ (semester) _____ (year):

To be completed by student		
Course Number	Title	Credits

To be completed by advisor
M.U. Equivalent/Elective

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:

Certification Office Signature

Date

Distribution: Certification Office/Original – Advisor's Copy – Department Copy – Student's Copy