

REQUEST FOR COURSE SUBSTITUTION

For graduate students to request that one Millersville University course will be substituted for another Millersville University course in their graduate program.

STUDENT: Fill out the following fields and forward to your advisor.

STUDENT NAME: _____ STUDENT ID#: _____

STUDENT EMAIL ADDRESS: _____

MU Program Requirement for which a substitute is being requested:

Subject	Course #	Title
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MU course to be used as a substitute:

Subject	Course #	Title	Term planning to enroll (example: Summer 2026)
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Reason for the substitution:

Expected graduation term: _____ Advisor name: _____
(example: Fall 2026)

ADVISOR: If you are in support of this request, fill in your name/signature and date below, add current graduate program coordinator name, and forward to Amanda.Amspacher@millersville.edu, who will collect signatures from the Program Coordinator and Dean using DocuSign.

Advisor Approval: _____ Date: _____

Program Coordinator name: _____

APPROVALS

Prog. Coord.: Approved: ___ Not Approved: ___ Comments: _____

Program Coordinator Signature

Date

Grad. Dean: Approved: ___ Not Approved: ___ Comments: _____

Graduate Dean Signature

Date

Approved form will be routed to Registrar who will update student record.

Copies will be sent to Advisor, Program Coordinator, Student.