

## REQUEST FOR COURSE SUBSTITUTION For Post-Baccalaureate Certification Students Only

For post-bacc students to request that one Millersville University course will be substituted for another Millersville University course in their certification 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
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Term planning to enroll  
(example: Summer 2026)

Reason for the substitution:

Expected program completion: \_\_\_\_\_ 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](mailto:Amanda.Amspacher@millersville.edu), who will collect signatures from the Program Coordinator and Dean using DocuSign.

Advisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Program Coordinator name: \_\_\_\_\_

*Note: this may be the same as the advisor.*

### 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 Certification Office who will update student record.

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