

REQUEST TO TAKE COURSE AT ANOTHER INSTITUTION TO COUNT TOWARD CERTIFICATION PROGRAM REQUIREMENT

For Post-baccalaureate Certification Students Only

This form must be fully approved at least 5 business days prior to course start date. Request will not be accepted without all approvals on this form regardless of student registration and payment status at the other named institution.

STUDENT: Fill out the following fields and forward	l to your ad	visor, along wi	th catalog description of course(s,
STUDENT NAME:		STUDENT ID#:	
1AIL: PROGRAM:			
I am requesting permission to take the following c	ourse(s) at:	:	
I understand that I must earn a grade of "B" or better t also understand that it is my responsibility to have an directly to the Certification Office, Millersville University not be given without an official transcript on file in the	official tran y, P. O. Box	script showing 1002, Millersvill	completion of the course sent
Subject Course # Title	Credits	Start Date	in current program?
Date Submitted: Advisor r	name:		
ADVISOR: If you are in support of this request, f graduate program coordinator name, and forward signatures from the Program Coordinator and Dea Advisor Approval:	to <u>Amanda</u> n using Dod	.Amspacher@ cuSign. _ Date: _	
Program Coordinator Name (may be same as advisor)			
APPROVALS Prog. Coord.: Approved: Not Approved:	_ Commer	nts:	
Program Coordinator Signature	_	Date	
Grad. Dean: Approved: Not Approved:	_ Comme	nts:	
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.