

Request for RE-EVALUATION of POST-BACCALAUREATE CERTIFICATION PROGRAM REQUIREMENTS

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

STUDENT NAME: _____ STUDENT ID#: _____

EMAIL: _____@millersville.edu PROGRAM: _____

I am requesting re-evaluation of certification program requirements based on:

____ Completed coursework at another institution. Official transcript must be submitted or already on file in Slate. Attach catalog descriptions for any courses listed below. Name of Institution: _____

____ Completed coursework that was taken at Millersville prior to acceptance into current program.

____ Passing Praxis Exam (score report must be submitted)

Original Course Subj./Number or Test Code	Original Course Title & Credits or Test Name	Course Term or Test Date	Course Grade or Test Score	To replace which requirement? (Specific course or degree audit requirement block)

ADVISOR: If you are in support of this request, fill in your name, date approved and any comments, and add name of the post-baccalaureate certification program coordinator (this may be same as advisor).

Advisor Name: _____ Date: _____

Comments: _____

Post-Baccalaureate Program Coordinator name: _____

Advisor, forward by email to: Amanda.Amspacher@millersville.edu, who will collect signatures from Program Coordinator and Certification Officer using DocuSign.

APPROVALS

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

 Program Coordinator Signature

 Date

Cert. Officer: Approved: ____ Not Approved: ____ Comments: _____

 Certification Officer Signature

 Date

Approved form sent to Certification Office, Advisor, Program Coordinator and Student.