

SACM LETTER REQUEST FORM

This form is to be used by SACM students attending Millersville University (MU).

Please allow one week for processing.

First Name, Middle Initial		Last Name	Student ID Number
SACM ID#	Address		
City	State/Province	Zip	

COMPLETE THIS SECTION

College/School of Enrollment: _____

Major: _____

Enrollment Status: ☐ ELI ☐ Undergraduate ☐ Graduate

TYPE OF LETTER REQUEST

Check the appropriate boxes based on the type of letter you are requesting.

☐ Change of Major

Current Major: _____

Changing Major To: _____

☐ Taking Online Class

Course Title: _____ Credit Hours: _____

Total Number of Online Credits Taken at Millersville University: _____

Reason for taking class: ☐ Schedule Conflict ☐ Only Offered Online ☐ Other _____

☐ Change from ELI to Academic Student

☐ Cross Enrollment/Guest Letter

Name of College/University: _____

Course Title: _____

Credit Hours: _____ Dates of Enrollment: _____

☐ Scholarship Extension (Date of Requested Extension): _____

☐ Graduation Plan – Must have taken placement exams

☐ Other—Reason for letter request: _____

READ AND SIGN THIS SECTION

- I hereby certify that all the information above is true and accurate.
- I understand that I must be in valid immigration status to receive an enrollment letter and may be required to provide additional information and/or documentation if deemed necessary by the Warfel Center for International Programs and Services.
- I agree to all conditions stated above and I understand that my letter will not be signed if not all conditions are met.
- **I understand this document must be completed in DocuSign or submitted physically by me with a wet signature.**

Signature: _____

Date: _____

For Office of International Programs and Services Use Only

☐ Approved

Initials: _____

Date: _____