This Change of Delivery (COD) form is intended only for students already admitted to or active in
the face-to-face (F2F) format of a program also available online, except for the RN-to-BSN, which
has a separate form (found here: www.millersville.edu/onlineprograms/forms.php#COD).

You must see your advisor to discuss your options before completing this form.

This form must be completed & signed by hand by the student. Signatures of approval from the
your advisor, program coordinator, and Dept. Chair must be provided. Once completed, your
form must be submitted to the Office of Online Programs; either in-person (Lyle Hall, Rm. 212),
or via email to OnlinePrograms@millersville.edu. If emailing, it must be sent from your
Millersville email address, or the one provided to Admissions on your application.

If you have any questions at all, please contact the Office of Online Programs by
email at OnlinePrograms@millersville.edu or by telephone at (717) 871-7200.

Full Name: ___________________________________________
(Format: First Middle Last)

MU ID#: ____________________________________________
(E.g., M01234567)

Birthdate: ___________________________________________
(Format: MM/DD/YYYY or Month DD, YYYY)

Email Address: _______________________________________
(If submitting via email, must match the email address from which you will be sending this form)

Current Program: ___________ Preferred Starting Term: ___________
(BSN students must use form linked at top of page) (E.g., Spring 2019. We will accommodate this if possible)

Student Signature ___________________________________
(By signing below, you indicate your desire to switch delivery format to 100% online)

Date

Advisor Signature ___________________________________
(You must meet with your advisor before submitting this form to Online Programs)

Date

Program Coordinator Signature __________________________

Date

Advisement Notes: ___________________________________
(For advisor or Chair use only)

Date

Department Chair Signature _____________________________

Date

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