Millersville University  
College of Graduate Studies and Adult Learning  

Request for Change of Curriculum  
for Master Degree Programs and Supervisory Certification  
(This form CANNOT be use for Post-Baccalaureate Certification, students must apply to the desired program)  

Student Name          Student I.D. Number (M#)  

Email Address (approved form will be sent to this email address)  

**I request the following change/addition in curriculum:**  

Current Program          New Program  

Reason for change:  

                                                                             
Student Signature ___________________________ Date ______________________  

To be completed by the student’s **present** adviser or graduate program coordinator:  

I ☐do  ☐do not recommend this change of curriculum.  

Comments: ___________________________  

Signature ___________________________ M# ___________________________  

To be completed by chairman of department or graduate program coordinator into which the student wishes to transfer:  

This transfer ☐is  ☐is not recommended.  

Comments: ___________________________  

Signature: ___________________________ M# ___________________________  

To be completed by the dean of the College of Graduate Studies and Adult Learning:  

This transfer ☐is  ☐is not approved.  

Comments: ___________________________  

Dean’s Signature ___________________________ Date ______________________  

Received and recorded by the College of Graduate Studies and Adult Learning:  

Signature ___________________________ Date ___________________________  

Distribution:  Graduate Office/Original  -  New Adviser’s Copy  -  Student’s Copy  

06/10