Millersville University
College of Graduate Studies and Adult Learning

Master’s Degree Program
Request for Millersville University Course Substitution

Student Name

Student ID Number

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

M.U. program requirement for which a substitute is being requested (list course number and title):

M.U. course to be used as the substitute (course number and title, term/year planning to enroll):

Reason for substitution:

Student’s Expected Graduation Date:

______________________________________________
Adviser’s Signature

______________________________________________
Date

______________________________________________
Graduate Program Coordinator’s Signature

______________________________________________
Date

This course substitution is ☐ Approved ☐ Not Approved.

______________________________________________
Graduate Dean’s Signature

______________________________________________
Date

06/10 Distribution: Graduate Office/Original - Adviser’s Copy - Student’s Copy - DARS Recorder