## Millersville University

College of Graduate Studies and Adult Learning

## Request to Take Course at Another University for Transfer of Credit Back to Millersville University\*

\*This form must be received by the graduate office, signed by all appropriate parties at least 5 business days prior to date of required processing. Courses are not approved to transfer without all signatures on this form regardless of student registration or payment status from the other named institution.

Student's Name	Student I.D. Nu	ımber	Email Address	
I am requesting permission	to take the following cour	rse(s) at:		
(Name of Institution) during	g the (semester) of (year).			
or F at Millersville University catalog description of the cours adviser and the graduate prograsent to the institution noted about the carn a grade of "B" or be	may not be made up at a se(s) listed above is attache m coordinator of my prograture and the financial aid of the to have the credits transcript of the course we	mother institution. The dot to this request. This im. A letter verifying reffice, only if specifical sferred to my degree work sent directly to the	h you have earned grades of C+, C, C hey will not be accepted for transfer. As request has the recommendation of my status in the graduate program will be ally requested. I have been advised that program. I also understand that it is much e College of Graduate Studies and Aduniversity transcript.	
Student's Signature			Date	
To be completed by student			To be completed by adviser	
Course Number	Title	Credits	M.U. Equivalent/Elective	
Adviser's Signa	ture		Date	
Graduate Program Coordinator's Signature			Date	
This recommendation is $\Box A$	pproved $\square$ Not Approve	d.		
Comment:				
Graduate Dean's Signature			Date	
10/10 Distribut	ion: Graduate Office/Orig	oinal - Adviser's Co	ony - Student's Cony	

Distribution: Graduate Office/Original - Adviser's Copy - Student's Copy Registrar's Copy (after grade has been awarded)