

REQUEST FOR REVIEW OF PRIOR GRADUATE WORK

For graduate students to request program credit for a Millersville University course which was taken prior to admission into current graduate program.

STUDENT: Fill out the following fields and forward to your advisor.

STUDENT NAME: _____ STUDENT ID#: _____

EMAIL: _____ PROGRAM: _____

MU course(s) taken prior to admission to program:

Subject	Course #	Title	Term/Year	Grade	Apply to which requirement or elective in current program?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Expected graduation term: _____ Advisor name: _____
(example: Fall 2026)

ADVISOR: If you are in support of this request, fill in your name/signature and date below, add current graduate program coordinator name, and forward to Amanda.Amspacher@millersville.edu, who will collect signatures from the Program Coordinator and Dean using DocuSign.

Advisor Approval: _____ Date: _____

Program Coordinator name: _____

APPROVALS

Prog. Coord.: Approved: ____ Not Approved: ____ Comments: _____

 Program Coordinator Signature

 Date

Grad. Dean: Approved: ____ Not Approved: ____ Comments: _____

 Graduate Dean Signature

 Date

Approved form will be routed to Registrar who will update student record.

Copies will be sent to Advisor, Program Coordinator, Student.