

REQUEST FOR TRANSCRIPT REVIEW OF GRADUATE WORK COMPLETED AT ANOTHER INSTITUTION PRIOR TO MILLERSVILLE UNIVERSITY GRADUATE PROGRAM ADMISSION

This form is to be used by graduate students seeking transfer credits for graduate work completed at another institution prior to admission to graduate program at Millersville University. Courses for which transfer credit is sought may not be more than five (5) years old prior to admission. No more than nine (9) credits may be transferred into a program.

STUDENT: Fill out the following fields and forward to your advisor along with catalog description of course(s) and a copy of your transcript. If this request is approved, I understand that it is my responsibility to have an **official** transcript showing completion of the course(s) sent directly to the Registrar's Office at Millersville University for transfer credit to be applied.

STUDENT NAME: _____ STUDENT ID#: _____

EMAIL: _____ PROGRAM: _____

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

Date Submitted: _____ Advisor name: _____

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: _____

Comments: _____

Number of transfer credits recommended: _____ Program Coord. 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.