

REQUEST FOR RE-EVALUATION OF PRIOR COURSEWORK TO COUNT TOWARD POST-BACCALAUREATE CERTIFICATION PROGRAM

STUDENT: Fill out the following fields and forward to your advisor, along with catalog description of course(s).

STUDENT NAME: _____ STUDENT ID#: _____

EMAIL: _____ PROGRAM: _____

An official transcript showing the course(s) must already be on file with Graduate Admissions for credit to be considered by the Certification Office or must be included with this request.

| Subject | Course # | Title | Credits | Grade | Apply to which requirement 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 name of the post-baccalaureate certification program coordinator, and forward to Amanda.Amspacher@millersville.edu, who will collect signatures from the Program Coordinator and Certification Officer using DocuSign.

Advisor Approval: _____ Date: _____

Comments: _____

Post-Baccalaureate Program Coordinator name: _____

APPROVALS

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

Program Coordinator Signature

Date

Cert. Officer: Approved: ____ Not Approved: ____ Comments: _____

Certification Officer Signature

Date

Approved form will be routed to Certification Office who will update student record.
Copies will be sent to Advisor, Program Coordinator, Student.