

Millersville University
Office of Graduate Studies and Research

**Request for Transcript Review
of Graduate Work Completed
at Millersville University**

This form is to be used by graduate students seeking to transfer credit for graduate work completed at Millersville University in programs (including nondegree status) other than the one they are planning to pursue.

_____ Student's Name _____ Student I.D. Number/SSN

I completed the following courses at Millersville University and am requesting that they be considered for transfer in my degree program in _____
(curriculum)

Course Number and Title	Term/Yr	Credits	Grade	Please specify requirement block or elective

I have reviewed this student's Millersville University transcript of the work indicated above and recommend the transfer of _____ credits to _____
(program)

_____ Adviser's Signature _____ Date

I concur with this recommendation for the transfer of _____ credits as indicated above.

_____ Graduate Program Coordinator's Signature _____ Date

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The transfer of credits is Approved Not Approved.

_____ Graduate Dean's Signature _____ Date