

by hand by the student. <RX PXVW REWDLQ Vignature
approval from your FXUUHQW \R\rd GHSDUWPHQW VChair DQG WKH &RRU
SURJUDWR\WR OHDYH. Once
admissions on your application (L may be rejected otherwise).

For questions at all, please contact the Office of Online Programs by
Programs@millersville.edu or by telephone at (717) 871-7200.

Full Name: _____
(Format: First Middle Last)

MU ID#: _____
(E.g., M01234567)

Birthdate: _____
(Format: MM/DD/YYYY or Month DD, YYYY)

Email Address: _____
(If submitting via email, must match the email address from which you will be sending this form)

Current Program: _____ Preferred Starting Term: _____
(BSN students must use form linked at top of page) (E.g., Spring 2019. We will accommodate this if possible)

Student Signature
(By signing below, you indicate your desire to sw

Date