

Millersville University
College of Graduate Studies and Adult Learning

Request for Graduate Program Extension

This form is to be used by graduate students to request an extension beyond the 5-year allowance for their graduate program.

Student Name: _____ Student ID Number: _____

Email address (approved form will be sent to this address): _____

Reason for extension and plan to complete coursework:

Student's Expected Graduation Term: _____

Advisor's Signature

Date

Graduate Program Coordinator's Signature

Date

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This extension is Approved Not Approved.

Graduate Dean's Signature

Date