

REQUEST FOR GRADUATE PROGRAM EXTENSION

For graduate students to request an extension beyond the 5-year allowance for their graduate program.
May also be used to request return to active student status after an approved leave of absence from a graduate program.

STUDENT: Fill out the following fields and forward to your advisor.

STUDENT NAME: _____ STUDENT ID#: _____

EMAIL: _____ PROGRAM: _____

Reason for extension request, and plan to complete coursework:

Expected graduation term (new): _____ Advisor name: _____
Example: Fall 2026

ADVISOR: If you support 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 using DocuSign.

Advisor Approval: _____ Date: _____

Program Coordinator name: _____
(May be same as Advisor; please fill in this field.)

APPROVALS

Program Coordinator:

Approved _____ Not Approved _____ Comments: _____

.....
Ú! [*!æ Å[[!ãæ !Åã } æ !^..... Åæ^

Graduate Dean:

Approved _____ Not Approved _____ Comments: _____

.....
Graduate Dean Ûã } æ !^..... Åæ^

Approved form will be routed to Graduate Admissions who will update student record.

Copies will be sent to Advisor, Program Coordinator, Student.