

REQUEST FOR GRADUATE PROGRAM EXTENSION

For graduate students to request an extension beyond the 5-year allowance for their graduate program.

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

STUDENT NAME: _____ STUDENT ID#: _____

STUDENT EMAIL ADDRESS: _____

Reason for extension request, and plan to complete coursework:

Expected graduation term: _____ Advisor name: _____

(example: Fall 2026)

ADVISOR: If you are in support of 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 from the Program Coordinator and Dean using DocuSign.

Advisor Approval: _____ Date: _____

Program Coordinator name: _____

APPROVALS

Program Coordinator:

Approved ___ Not Approved ___ Comments: _____

Program Coordinator Signature

Date

Graduate Dean:

Approved ___ Not Approved ___ Comments: _____

Graduate Dean Signature

Date

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

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