



REQUEST FOR LEAVE OF ABSENCE FROM GRADUATE STUDIES

For graduate students who wish to pause their current graduate program of studies effective with the next academic term (or future term as specified). If you need to take a Leave of Absence or Withdraw for medical reasons from the current semester, contact the Registrar's Office at 717-871-5005 for more information.

Leave of Absence can be requested for up to one year.

Copies will be sent to student and advisor.

When ready to return, student may need to submit a request for graduate program extension form.

If you are admitted to a program but have not yet taken any classes, please DO NOT USE THIS FORM, instead, contact Graduate Admissions and request deferred admission for a later start term.

GRADUATE STUDENT: Fill out the following fields and forward to adultlearning@millersville.edu.	
STUDENT NAME:	STUDENT ID#:
EMAIL:	PROGRAM:
Advisor name:	<u> </u>
LAST TERM YOU ARE ATTENDING:	*Your leave of absence will go into effect the following term.
When do you plan to return? (not to exceed 1 year of abse	ence):
Are you currently enrolled in any future term classes?	NO YES Details:
	studies at Millersville, you may need to file Request for Program nuch time has expired since your initial admission to your graduate ram requirements may change.
Today's Date: Student's Si	gnature:
Email this form to adultlearning@millersville.edu using your millersville email. Adult Learning staff will route to your advisor and then forward to registrar for processing.	
ADVISOR ACKNOWLEDGEMENT	
	Date:
ADVISOR ACKNOWLEDGEMENT Advisor's signature: Comments:	
Advisor's signature: Comments:	
Advisor's signature: Comments:	

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