Parental Leave Application Form – Dedman College Graduate Program
To be completed by the graduate student

Name_____ Year of Program_____SMU ID#_____

Department_____

Requested for_____ of the_____
Semester(s) Academic Year

Check below if you want the graduate student insurance in force while you are on leave.
(Health Insurance provided at no cost during first Parental Leave, available at your expense during subsequent leaves if necessary.)

☐ Graduate Student Health Insurance

Address during leave to which letters and documents which require attention may be sent:

_____

_____

Provide Parental Leave application history (i.e., semester, year, whether the leave was approved or denied).

_____

_____

Other than coursework, what other graduate level work have you completed (i.e. proposals, qualifiers, etc.)?

_____

Please attach an Unofficial Transcript or D.P.R. to this request.

Signature:

_____
Applicant Date

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To be completed by Department and Dean:

APPROVED:

Department Head_____
Date

Dean_____
Date