

**SMU Department of English
Graduate Studies
Maternity Leave Application Form**

To be completed by the graduate student:

Name: _____ SMU ID: _____

Requested for the ___ Fall / ___ Spring semester of the 20___ — 20___ academic year.

Please submit this application no later than one full semester prior to the requested leave period.

This application, once approved, entitles the applicant to:

- **one** semester of academic leave by which the program clock is “stopped”;
- continued stipend payment for the semester of leave;
- continued student health insurance renewal for the semester of leave;
- continued library privileges for the semester of leave; and
- retention of office space (though the space may be loaned, temporarily, to another graduate student for the semester of leave).

The applicant acknowledges that:

- enrollment in ENGL 8049 is required for the semester of leave;
- maternity leave will be granted only **once** for the duration of the academic program;
- **no extensions** to maternity leave will be granted;
- students will not be funded for any travel/conferences during the semester of leave;
- if grades of incomplete (“I”) are rendered to the student, it is the responsibility of the student to make arrangements with their professors to clear those incompletes; and
- teaching obligations postponed due to the leave must be fulfilled in a future semester.

(Student Signature)

(Date)

To be completed by Department:

Director of Graduate Studies (print)

Signature

Date

Department Chair (print)

Signature

Date

Please submit the completed form to the Assistant to the Chair of the Department of English for processing.