SMU Department of English Graduate Studies
Parental 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.

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* 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;
• enrollment in Engl 8105 with the student’s Director, a 1 credit hour bearing course which allows the graduate student to be eligible to enroll in SMU’s Student Health Insurance Plan;
• 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

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To be completed by Department:

Director of Graduate Studies (print) Signature Date

Department Chair (print) Signature Date

Submit this completed form to the Assistant to the Chair of the Department of English