

**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

\*\*\*\*\*

**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