

Graduate School Parental Leave Application

Graduate students who wish to request Parental Leave for up to six weeks should complete and submit this form at least eight weeks prior to anticipated childbirth or adoption. Submit the completed and signed application to the Graduate School, 100 Graduate School House.

Date of application: _____

Estimated date of birth or adoption: _____

Note: Also include a brief statement from your medical service provider stating the best estimate of delivery/adoption date.

Name: _____ Student Number: _____

Street address: _____

City, State, and Zip Code: _____

Phone: _____

Email address: _____

Academic program: _____

Date of graduate program entry: _____ Degree intent: _____

Current funding status:

- Teaching Assistantship
- Research Assistantship
- Other fellowship (please specify): _____

Requested Parental Leave dates:

From ____/____/____ to ____/____/____

Note: The length of requested leave can be no longer than six consecutive weeks.

Is the other parent a graduate student at the University of MS?

If yes, please provide name: _____

and academic department: _____

Please provide the following approvals:

Faculty Advisor

Name: _____

Signature: _____

Email: _____

Graduate Program Coordinator

Name: _____

Signature: _____

Email: _____

Department Chair

Name: _____

Campus Address: _____

Email: _____

Signature: _____

Graduate School decision:

Approved

Denied

Name: _____

Title: _____

Date: _____

Graduate School signature: _____

Explanation (if necessary):