

# 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**

**Graduate Program Coordinator**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Department Chair**

Name: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Graduate School decision:       Approved       Denied

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Graduate School signature: \_\_\_\_\_

Explanation (if necessary):