# Request for

# PARENTAL LEAVE

|  |
| --- |
| **To:** Dean of the Graduate School |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of this Application: |  | Estimated date of birth or adoption: |  |
|  | | | |
| *Please have your health care provider certify the date of birth or adoption/foster care using the certification form* | | | |

***Student Information:***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | | | | | ID Number: | | |  |
|  | | | | | | | | | | | | | | |
| Degree: |  | | | | | | Major/Program: | | |  | | | | |
|  | | | | | | | | | | | | | | |
| Date of grad program entry: | | | | |  | | | | Email Address: | | | |  | |
|  | | | | | | | | | | | | | | |
| Funding Status: | | | | | | | | | | | | | | |
| TA | | | | | | | | | | | | | | |
| RA | | | | | | | | | | | | | | |
| Other (please specifiy) | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Requested Parental Leave dates: | | | | | | | | | | | | | | |
| From |  | | to | | |  | | *Total length may not exceed six weeks* | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Is the other parent (if applicable) a graduate student at NCSU? | | | | | | | | | | | | yes  no | | |
|  | | | | | | | | | | | | | | |
| If yes, provide name: | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| and academic dept/program: | | | | | | |  | | | | | | | |

# Request for

# PARENTAL LEAVE

***Program and College Notifications:***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Faculty Advisor:** | | | | | **Director of Graduate Programs:** | | | | | | |
|  | | | | | | | | | | | |
|  | Name: | |  | |  | | Name: | | |  | |
|  | | | | | | | | | | | |
|  | Signature/date: | | |  |  | | Signature/date: | | | |  |
|  | | | | | | | | | | | |
| **Department Chair** (if appropriate): | | | | | **Assoc Dean:** | | | | | | |
|  | | | | | | | | | | | |
|  | Name: |  | | |  | | Name: | |  | | |
|  | | | | | | | | | | | |
|  | Signature/date: | | |  | |  | | Signature/date: | | |  |
|  | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | |  |
| **Graduate School Response:** | | | | Approved  Denied |
|  | | | | |
| Name: | |  | | |
|  | | | | |
| Title: |  | | | |
|  | | | | |
| Signature/date: | | |  | |
|  | | | | |
| Explanation (if necessary): | | | | |

This form should be completed and submitted to the Dean of the Graduate School at least ten (10) weeks prior to the anticipated childbirth or adoption. Details of the parental leave policy can be found at (<http://policies.ncsu.edu/regulation/reg-02-15-08>).