

North Carolina State University
The Graduate School

**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 specify) _____

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: _____

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Program and College Notifications:

Faculty Advisor:

Name: _____

Signature/date: _____

Director of Graduate Programs:

Name: _____

Signature/date: _____

Department Chair (if appropriate):

Name: _____

Signature/date: _____

Assoc Dean:

Name: _____

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>).