

# Graduate School Parental Leave Application

Graduate students who wish to request Parental Leave (<http://handbook.unc.edu/medical.html>) 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 Associate Dean for Student Affairs, Graduate School, CB 4010, 203 Bynum Hall.

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: \_\_\_\_\_ PID Number: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

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

Academic program: \_\_\_\_\_

Date of graduate program entry: \_\_\_\_\_ Degree intent: \_\_\_\_\_

Current funding status:

TA

RA

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 UNC Chapel Hill? (see policy):

If yes, please provide name: \_\_\_\_\_

and academic department: \_\_\_\_\_

Please provide the following:

*Individuals listed below will receive written notification of your approved request.*

**Faculty Advisor**

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

CB #: \_\_\_\_\_

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

**Director of Graduate Studies**

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

CB #: \_\_\_\_\_

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

**Department Chair**

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

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

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

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

---

---

Graduate School decision:

Approved

Denied

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

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

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

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

Explanation (if necessary):