SMU Department of English Graduate Studies
Parental Leave Application Form
To be completed by the graduate student:

Name:_____ SMU ID:_____

Requested for the____Fall /___Spring semester of the 20____— 20____academic year.

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* **Please submit this application <u>no later</u> than one full semester prior to the requested leave period.***

- continued student health insurance renewal for the semester of leave;
- continued library privileges for the semester of leave; and
- retention