



Graduate School Parental Leave Application

Graduate students who wish to request parental leave (gradschool.unc.edu/parental-leave/) for up to six (6) weeks should complete and submit this form at least eight (8) 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 or by email to kmcanulty@unc.edu.

Date of application: _____

Estimated date of delivery/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 leave begins immediately after the estimated delivery/adoption date and the length of requested the leave can be no longer than six (6) 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:

NOTE: The 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: _____

CB #: _____

Email: _____

Signature: _____

Graduate School decision:

Approved

Denied

Name: _____

Title: _____

Date: _____

Graduate School signature: _____

Explanation (if necessary):