## **SMU Department of English Graduate Studies**

## **Parental Leave Application Form**

retention

To be completed by the graduate student:

Name:		SMU ID:		
Requested for the	Fall /	_Spring semester of the 2	20	_academic year.
******	*****	********	******	*******
* Please submit this a	pplication	no later than one full seme	ster prior to the re	equested leave period.*
		rance renewal for the semester of leave; and	,	