



# Northeastern University

## Graduate Studies

### Parental Leave Form

Graduate students may apply for parental leave for up to twelve weeks (see policy at [northeastern.edu/provost/policies](http://northeastern.edu/provost/policies)). Please complete and submit this form at least six weeks prior to the anticipated childbirth or adoption. Submit the completed and signed application form to the Director of Graduate Studies in your college.

Please note that:

1. Retroactive requests will not be considered.
2. Leave must begin within one year of the birth or the adoption of the child.
3. Parent must be primary caregiver of child during the time of the leave.
4. International students must consult with OGS to ensure compliance with all immigration regulations.
5. If both parents are graduate students at NU only one of the parents may make use of the parental leave policy.

#### Please complete the information below.

|                                                                                                                                                                                        |                 |               |                |                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------|----------------|-----------------------------------------------------------------------------------------------|
| LAST (FAMILY) NAME                                                                                                                                                                     |                 | FIRST NAME    |                | NUID                                                                                          |
| ADDRESS                                                                                                                                                                                |                 |               | E-MAIL ADDRESS |                                                                                               |
| DEPARTMENT                                                                                                                                                                             | DEGREE SOUGHT   | PROGRAM NAME  |                |                                                                                               |
| FUNDING STATUS DURING TIME OF LEAVE<br><input type="checkbox"/> TA <input type="checkbox"/> RA <input type="checkbox"/> OTHER <input type="checkbox"/> NO UNIVERSITY-SPONSORED FUNDING |                 |               |                | ARE YOU AN INTERNATIONAL STUDENT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| APPLYING FOR PARENTAL LEAVE                                                                                                                                                            |                 |               |                |                                                                                               |
| FROM (MM/DD/YYYY)                                                                                                                                                                      | TO (MM/DD/YYYY) | ACADEMIC YEAR |                |                                                                                               |
| DATE OF BIRTH OF CHILD (ACTUAL OR EXPECTED) <b>OR</b> DATE EXPECTED ADOPTED CHILD WILL BEGIN RESIDING IN THE NEW HOME                                                                  |                 |               |                |                                                                                               |

### Signatures

My signature below certifies that I am the primary caregiver for a child newly born or adopted into our family.

|         |      |
|---------|------|
| STUDENT | DATE |
|---------|------|

|                                   |                                         |      |
|-----------------------------------|-----------------------------------------|------|
| PRIMARY ACADEMIC ADVISOR          | DATE                                    |      |
| DEPARTMENTAL GRADUATE COORDINATOR | DATE                                    |      |
| DEPARTMENT CHAIR                  | DATE                                    |      |
| OGS (if international student)    | DATE                                    |      |
| COLLEGE GRADUATE DEAN             | Parental Leave is approved as specified | DATE |