

SMU Department of English
Intradepartmental Form: Leave Application
To be completed by the graduate student

Name: _____ SMU ID: _____

Requested for the ____ Fall / ____ Spring semester(s) of the 20 — 20 academic year.

Please submit this application as soon as possible prior to the requested leave period.

This application, once approved, entitles the applicant to:

- **at least one** semester of academic leave by which the program clock is “stopped”;
- continued student health insurance for the semester of leave;
- continued library privileges for the semester of leave.

The applicant acknowledges that:

- enrollment in Engl 8049 Graduate Full-time Status is required for the semester of leave;
- enrollment in Engl 8105 Research with the student’s Director, subject to the Director's approval (a 1 credit hour bearing course which allows the applicant to be eligible to self-enroll in SMU’s Student Health Insurance Plan);
- graduate tuition/fees and SMU Student Health Insurance Plan scholarships will be granted for Engl 8105 and the health insurance premium assuming the applicant self-enrolls in SMU's Student Health Insurance Plan. The Health Center fee is the responsibility of the applicant;
- students will not be funded for any travel/conferences during the semester of leave;
- if grades of incomplete (“I”) are rendered to the student, it is the responsibility of the student to make arrangements with their professors to clear those incompletes; and
- teaching obligations postponed due to the leave must be fulfilled in a future semester.

Student Signature

Date

To be completed by the Department of English:

Director of Graduate Studies (print)

Signature

Date

Department Chair (print)

Signature

Date

Submit this completed form to the Academic Program Assistant, Matthew Biggin, of the Department of English.