

Graduate Student Parental Leave of Absence (PLoA) Form (Initial Request)

*Please review eligibility and other requirements of the Graduate Student PLoA policy [here](#) under AP.6.4.5. * Email completed form to Office of Graduate Education, geappeal@gmu.edu.

1. NAME AS SHOWN IN PATRIOT WEB:	2. G-NUMBER:	3. DATE:
4. DEGREE TYPE (MASTER'S/DOCTORAL/DNP/MFA):	5. ADMIT TERM:	
6. NAME OF PROGRAM:	7. COLLEGE/SCHOOL:	
8. ANTICIPATED CHILD DELIVERY/PLACEMENT DATE (MM/DD/YYYY):	9. PROPOSED TERM OF ABSENCE (You may pick a term that begins up to 6 months from the anticipated date in Box 8.)	
10. GRADUATE DEPARTMENT/PROGRAM COORDINATOR NAME AND EMAIL ADDRESS:		
11. MASON FACULTY ADVISOR/MENTOR NAME AND EMAIL ADDRESS:		

Please initial the below statements to confirm your acknowledgement:

___ *I understand that the APGE will inform my department and advisor/mentor of my planned PLoA.*

___ *I acknowledge that I am not allowed to hold any university-funded assistantships, fellowships, and/or scholarships during my PLoA.*

Answer the following:

Have you been granted a time limit extension for your degree in the past? ☐ Yes ☐ No

If so, please provide the semester(s)/year(s): _____

All international students must consult with OIPS about any impact that this leave of absence may have on their immigration status prior to submission of PLoA requests. Please contact oips@gmu.edu for further guidance.

I am an international student. ☐ Yes ☐ No

If yes: I have consulted with OIPS about applying for the PLoA. ☐ Yes ☐ No

I acknowledge that I have read and understood the policy and student responsibilities.

Printed Name: _____

Signature: _____ Date: _____

For Internal Use Only

☐ Review completed; College, Department/Program Coordinator, Advisor/Mentor Notified

☐ Student provided copy of this form. Degree conferral deadline is _____ (semester/year)

Laurence Bray, Senior Associate Provost for Graduate Education

Date: _____