

**PAID PARENTAL LEAVE (PPL) APPLICATION FORM**

Last Name	First Name	Student ID #
<input type="text"/>	<input type="text"/>	<input type="text"/>
Program	Department / School	
<input type="text"/>	<input type="text"/>	

The Paid Parental Leave (PPL) fund was established to support full-time doctoral students whose guaranteed stipend is suspended while on an approved Leave of Absence (LOA) from their graduate program for the birth or adoption of a child. The fund provides up to \$2700 per semester for up to 3 consecutive semesters.

Amount of annual Minimum Guaranteed Stipend   
*(Please note, the Paid Parental Leave fund is calculated as 1/3 of annual stipend up to \$2700.)*

Semesters of requested parental Leave of Absence (e.g. F2019, W2020)

Number of full-time semesters prior to start of requested parental LOA

Registered?

- Yes, I am currently a registered full-time doctoral student.
- No, I am NOT currently a registered full-time doctoral student.

I acknowledge that I must provide supporting documentation (proof of birth, adoption) as soon as it is available and in no case later than return to studies: Yes  No

Student	Student Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

*I certify that the information provided on this form is, to the best of my knowledge, correct and complete.*

Advisor	Advisor Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

*I certify that the information provided on this form is, to the best of my knowledge, correct and complete.*

Graduate Program Coordinator	Graduate Program Coordinator Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

*I certify that the information provided on this form is, to the best of my knowledge, correct and complete.*