

SMU Department of English

, Q W U D G H S D B W P H Q W S S O L F D W L R Q

To be completed by the graduate student

Name: _____ SMU ID: _____

Requested for the ___ Fall / ___ Spring semester of the 20__ — 20__ academic year.

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This application, once approved, entitles the applicant to:

- DW One semester of academic leave 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 * U D G X D O W H W L B M X U V for the semester of leave;
- enrollment in Engl 8105 5 H V H D U F K with the Director's X E M R R K U H F D R S U B Y D O credit hour bearing course which allows the D S to be eligible V H O I enroll in SMU's Health Insurance Plan
- J U D G X D W I H M X D W I G G O S W W M D O W K , Q V X U D Q F H U S D D Q I G F K R U D U V K L D Q G W K H Q V X D O V K H S U H P I D S P O M F D Q W Q V H O K H Q U R O O V L Q 6 0 8 V , Q V X U D Q F K H B I D O V K & H Q W H U L H L W V R W K M K U H D V S S O L F D W L R Q
- students will not be funded for any travel/ expenses 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 the incompletes D Q G
- teaching obligations postponed due to the leave must be fulfilled in a future semester.

Student Signature

Date

To be completed by W Department RI (Q J O L V K

Director of Graduate Studies (print)

Signature

Date

Department Chair (print)

Signature

Date

Submit this completed form to