



# NEW YORK MEDICAL COLLEGE

A M E M B E R O F T O U R O U N I V E R S I T Y

## Graduate School of Biomedical Sciences

### PhD Student Parental Leave Request

Ph.D. Student Name \_\_\_\_\_

Advisor \_\_\_\_\_

Department \_\_\_\_\_

Date Request Initiated \_\_\_\_\_

Parental Leave Dates Requested \_\_\_\_\_

Total Duration of Leave Requested (weeks/days) \_\_\_\_\_

Explanation of Qualifying Event \_\_\_\_\_

Request Approved \_\_\_\_\_ Denied \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

GSBMS Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

Approver Comments \_\_\_\_\_

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