

## Request for Maternity/Paternity Leave (PhD students)

Completed forms should be submitted to the WCGS Associate Dean of Academic Affairs for final approval.

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All requests for Maternity/Paternity leaves of absence (M/P LOA) are made directly to and granted at the discretion of Weill Cornell Graduate School (WCGS). A M/P LOA constitutes a mutual agreement between school and student. Approval for the leave, as set forth below, is required prior to the beginning of the m/p LOA.

*Note: Filing a M/P Leave of Absence request form does not constitute withdrawal from classes. In order to withdraw, you must contact the registrar directly at [registrar@med.cornell.edu](mailto:registrar@med.cornell.edu).*

### **APPROVAL for PARENTAL LEAVE M/P LEAVE OF ABSENCE**

#### **I. MEET WITH PROGRAM LEADERSHIP:**

Students planning a M/P LOA should consult with their Program Director and their Major Sponsor.

#### **II. ARRANGING a M/P LOA:**

Students must complete this form.

#### **III. MEET WITH SCHOOL OFFICIALS:**

To finalize the procedure, please meet with Dr. Randi B. Silver, Associate Dean (Academic Affairs) – [rbsilve@med.cornell.edu](mailto:rbsilve@med.cornell.edu). **MD-PHD STUDENTS** planning a M/P leave of absence, should also consult with MD-PhD leadership, Dr. Katherine Hsu – [hsuk@mskcc.org](mailto:hsuk@mskcc.org).

**STUDENT INFORMATION**

Name: \_\_\_\_\_ CWID: \_\_\_\_\_

Program: \_\_\_\_\_ Major Sponsor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**TYPE OF LEAVE**

Maternity/Paternity

Please approximate dates of leave. If requesting an additional six weeks of leave, please indicate if paid (PI) or unpaid

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Major Sponsor's Signature

\_\_\_\_\_  
Date

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I met with the above student and approve this request for Leave of Absence for the requested reason and dates.

\_\_\_\_\_  
Associate Dean, Weill Cornell Graduate School

\_\_\_\_\_  
Date

\_\_\_\_\_  
Comments