



Request for Parental Arrangement Signature Form

Submit this signature online at <https://www.applyweb.com/emorypst/index.ftl>.

Last name: First name: EmplID:

Graduate program:

This arrangement is for choose the appropriate reason:

I want my arrangement to begin on or about (enter a date).

I plan to resume my regular academic load on (enter a date).

PI Funder *(for students supported by a research or training grant)*

We have discussed this student's parental arrangement plans.

PI Funder Name:

PI Funder Signature: _____ Date: _____

Director of Graduate Studies / Program Director

We have discussed this student's parental arrangement plans.

DGS / Director Name:

DGS / Director Signature: _____ Date: _____

For students in the GDBBS: your division director will review in the online system.