Request for Childbirth & Adoption Accommodation

Students who wish to use the Childbirth and Adoption Accommodation Policy must complete this form. A physician's note indicating the approximate birth date must also be sent to the DGS and the Graduate Student Coordinator.

In the case of childbirth, the student must be the primary caregiver during the period of accommodation. Once approved by the student's advisor, the Director of Graduate Studies (DGS), and the Graduate School, the student will be entitled to maintenance of full-time student status, reduction of academic responsibilities, and continued stipend support.

This form should be submitted to the DGS at least 60 days prior to the beginning of the academic semester in which the accommodation is requested.

STUDENT INFORMATION

Student Name: _____ Student NDID: _____

❑ I attest that I will be the primary and full-time caregiver of my child.

I am requesting the policy coverage to begin (term and year): _____

I have met with the DGS, and we have agreed to the following accommodations and expectations:

_____

_____

_____

_____

_____

APPROVALS

Advisor Name: _____

I, the Advisor of the above-named student, fully approve this request and the accommodations and expectations therein.

Signature: _____ Date: _____

DGS Name: _____

I, the DGS, fully approve this request and the accommodations and expectations therein.

Signature: _____ Date: _____