

REQUEST FOR CHILDBIRTH AND ADOPTION ACCOMMODATION

Students who wish to use the Childbirth and Adoption Accommodation Policy should complete this form. In the case of childbirth, the form should be accompanied by a physician's note indicating the approximate birth date. Once the form is approved by the student's adviser, the director of graduate studies (DGS) and the associate dean for students in the Graduate School, the student will be entitled to maintenance of full-time student status, reduction of academic responsibilities, and continued stipend support.

Please submit this form to the DGS at least 60 days prior to the beginning of the academic semester in which you request the accommodation. **You must attach a copy of the agreed-upon accommodations and expectations to this form.**

After the form is signed by the DGS, it and the statement of accommodations and expectations should be submitted to the associate dean for students in the Graduate School, 502 Main Building or scanned and submitted electronically to jlubker1@nd.edu.

Last Name: _____ First Name: _____ Middle: _____

Address: _____
(Street, apartment, state, country postal code)

Phone: _____ ND ID: _____ Department: _____

Matriculation Date: _____

I attest that I will be the primary and full-time caregiver of my child. _____
Student's signature

I am requesting policy coverage beginning: _____
(Fall or spring/year)

Stipend funding source (to be completed by the DGS): _____

Adviser (indicating that the student and the adviser have agreed to expectations during the accommodation period)

Signature: _____ Date: _____

Director of Graduate Studies (certifying that details of the accommodation have been accepted by the department and that the student is in good academic standing)

Signature: _____ Date: _____

Associate Dean for Students, The Graduate School

Signature: _____ Date: _____