

OHSU Graduate Studies
Academic adjustment for birth or adoption of a child - Request Form

Student ID Number U

First Name

Middle Name

Last Name

Degree:

Program:

Anticipated event: Birth Adoption **Anticipated dates:** begin end

Check items requested:

Adjustments to academic requirements

List any courses that you anticipate an incomplete grade and include work required to remove incomplete.

List any courses that you anticipate withdrawing from, and the date that they should be offered next.

Adjustments to academic requirements

List any anticipated, upcoming exams or other academic milestones that you would like to extend for one term.

Stipend support for 8 weeks

Realizing that plans may change, briefly describe what progress toward your degree you reasonably anticipate making during the period of academic adjustment (reading papers, organizing data, writing abstracts, etc.).

Laboratory arrangements

If you are in a laboratory, have you created a plan with your faculty mentor to ensure that any routine lab maintenance is covered for this period of accommodation? Yes No

Student

I understand that I am responsible for communicating my needs and limitations in the time leading up to and following the birth or adoption of my child to my mentor and program director as described in the Academic Adjustment for birth or adoption of a child policy number X-XX-XXXX.

Student Signature

Date

Faculty Mentor

I will have reasonable expectations about this student's progress during the time preceding and following the birth or adoption of their child as described above, and will facilitate the student's return to full responsibilities after the adjustment period.

Faculty Mentor Name

Signature

Date

Plan approved by:

Graduate Program Director Name

Signature

Date

Allison D. Fryer, PhD, FBPharmacolS
Associate Dean for Graduate Studies

Signature

Date