



Request Form for Academic Adjustments for Pregnant and Parenting Students

Instructions: If you are a student in a program *other than* the School of Medicine Graduate Studies program, please complete this form to request reasonable adjustments to your academic program requirements and/or schedule. For School of Medicine Graduate Studies students, please use your program-specific form. Submit completed forms to your program director.

Applicant Information

Full Name: _____ Student U#: _____
 FIRST MI LAST

Degree program: _____
 M.D., M.D./M.P.H., M.D./Ph.D., etc

Anticipated Event: _____ Anticipated Date of Birth or Adoption: _____

Requested Adjustments

Student: Please check all items for which you are requesting academic adjustments:

Academic Requirements

Approval for medically-necessary absences (including routine prenatal care)

List any anticipated absences:

I will notify the appropriate faculty and staff of dates and times of medically-necessary absences as the need arises.

Protection for the health and safety of my pregnancy

(for example, maintaining a safe distance from hazardous substances or radiation)

Describe requested adjustments:

Delay in scheduled examinations

List any scheduled examinations, including dates, that you would like to delay and when you would like to reschedule them:

Extension to deadlines for assignments, clinical or lab hours, or other course requirements

List when you anticipate taking preliminary and qualifying examinations:

Extension toward normative time to degree while in candidacy (up to 12 months)

List your requested anticipated graduation date:

Other adjustments

Please describe:

Schedule

Scheduling adjustment period

(12 weeks, beginning within the first 6 months of the child entering the home or, for pregnant students, up to 4 weeks prior to the anticipated date of childbirth)

Requested dates:

List any courses (and dates) that you anticipate dropping or canceling during this time period:

List any courses (and dates) that you would like to add within this time period:

Rural rotation

Describe when you would prefer to complete your rural rotation (for example, prior to or 6 months after childbirth):

Leave of Absence

Leave of Absence or withdrawal. I plan to request a Leave of Absence or withdrawal and will follow the procedures outlined in the Voluntary Leave of Absence & Withdrawal policy, 2-01-1112.

Anticipated dates of Leave of Absence or Withdrawal:

Acknowledgment of Student Responsibilities

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 Program Accommodation Liaison and appropriate faculty and staff. Once approved, I will maintain open and timely communication about any changes to this plan as the need arises and will work with appropriate faculty and staff to implement scheduling adjustments.

I am also responsible for understanding the impact that academic adjustments, a reduced course load, and/or a Leave of Absence will have on my tuition and fee charges, financial aid, enrollment status, health insurance coverage, and progress towards my degree. I understand that I am strongly encouraged to meet with a financial aid representative, my academic dean, as well as other appropriate faculty and staff to discuss the implications of these options.

Signature: _____ Date: _____

Program Accommodation Liaison, Program Director, and Office of Student Access

Plan discussed with PAL (Printed name):

Signature: _____ Date: _____

Plan discussed with Program Director (Printed name):

Signature: _____ Date: _____

Plan discussed with OSA (Printed name):

Signature: _____ Date: _____