



# Request for Childbirth/ Adoption Accommodation

*This form is submitted to the Graduate School, Room N204*

Student Name: \_\_\_\_\_ BCM ID #: \_\_\_\_\_

Graduate Program: \_\_\_\_\_ MD/PhD Program? Yes No

**Effective Date of Accommodation:** from \_\_\_\_\_ to \_\_\_\_\_ (Eight Weeks Maximum)

The above accommodation is requested to cover my absence on account of my childbirth/adoption. I have reviewed Policy 8.5 "Childbirth/Adoption Accommodation" in the Graduate School Policy Handbook and I represent that this requested accommodation is consistent with that policy.

I will provide medical documentation in accordance with the policy within 14 days of delivery or adoption.

I understand that the policies of the Graduate School and Baylor College of Medicine will remain in effect during the period of childbirth accommodation.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Personal Email Address: \_\_\_\_\_

\_\_\_\_\_ Alternate Contact: \_\_\_\_\_

## Required Approvals:

Student's Major Advisor: \_\_\_\_\_  
Signature Date

Graduate Program Director: \_\_\_\_\_  
Signature Date

Dean of the Graduate School: \_\_\_\_\_  
Signature Date