



Request for Childbirth/Adoption Accommodation



(See Article 8.5 of the Graduate School Policy Handbook)

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