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## Request for Graduate Student Parental Accommodation

For the full text of the Graduate Student Parental Accommodation Guidelines (GSPAG) see: https://www.gradstudies.pitt.edu/student-life/resources-pregnant-and-parenting-students

Eligible PhD students will be granted a Parental Accommodation period of up to six weeks immediately following the birth or adoption of a child as defined by the GSPAG. During this period, the student will continue to be enrolled as a full time student. The accommodation is not a leave of absence and the student and advisor must consult IN ADVANCE about how the student will meet academic goals and requirements. THE STUDENT IS RESPONSIBLE FOR ENSURING THAT THIS CONSULTATION TAKES PLACE. If both parents are eligible graduate students, both may take the six week accommodation period, but separate request forms should be submitted. Please refer to the official GSPAG for details.

| Student Name (printed)  | PeopleSoft ID                               |                                |
|---|---|--------------------------------|
|   |   |                                |
| Student Email Address G   | Graduate Program Name / Matriculation Da    | te                             |
| Anticipated Data of Digth or Adoption *   | Anticipated Data of Datum *                 |                                |
| Anticipated Date of Birth or Adoption *   | Anticipated Date of Return *                |                                |
| *It is understood that this is an anticipated date  | and may vary based on actual date of delive | ery or adoption date.          |
| You must submit the following supporting do Office of Graduate Studies no later than 30 c                   |   |                                |
| <ul><li>A letter from your medical provider with</li><li>A letter from the adoption agency with a</li></ul> |   |                                |
| I have read the guidelines and met with my advi   | isor and program director to discuss my par | ental accommodation plan. Date |
| Student Signature   |   | _                              |
| Signature signifies approval. (Please attach any additio  | nal comments.)                              |                                |
| Advisor Name (printed)  | Advisor Signature                           | Date                           |
|   |   |                                |
| Graduate Program Director Name (printed)  | Graduate Program Director Signature         | Date                           |
|   |   |                                |
|   |   |                                |
| Associate Dean for Graduate Studies, School of  | f Medicine (Signature)  Date                |                                |