REQUEST FOR GRADUATE STUDENT PARENTAL ACCOMMODATION

UNIVERSITY OF PITTSBURGH: SCHOOL OF INFORMATION SCIENCES

Student Name: _____

Advisor Name: _____

PeopleSoft ID: _____

Degree: _____

Pitt E-mail: _____ @pitt.edu

Specialization: _____

Home E-mail: _____

Entry Term: Fall 20____ Spr 20____ Sum 20____

Graduate students requesting a parental accommodation under the Graduate Student Parental Accommodation Guidelines should complete and submit this form two (2) months prior to the anticipated childbirth or adoption to the Academic Administrator, 5th Floor Information Science Building.

Date of application:		Graduate student is a(n):	◯ Birth Mother ◯ Eligible Student (see guidelines for eligibility)
Funding status:	◯ Teaching Assistant (TA) ◯ Teaching Fellow (TF) ◯ Graduate Student Assistant (GSA) ◯ Graduate Student Researcher (GSR) ◯ Other fellowship (specify): ◯ None		**Accommodation Period**– *The length of the accommodation for an eligible student is six consecutive weeks. For a birth mother who holds an academic appointment (TA, TF, GSA, or GSR) the length of accommodation is to be determined by a health care provider not to exceed the student's appointment period.* to _____ Start Date _____ End Date
Documentation:	☐ Submitted either letter from health care provider with estimated date of delivery or from adoption agency with estimated adoption date.		

OFFICE USE ONLY– Terms of accommodation:

REQUIRED APPROVALS:

Faculty Advisor Signature	Date
Principal Investigator Signature (if applicable)	Date
Graduate Chair	Date
Dean's Signature	Date

Administrative Processing	Approval date:	Letter sent date: