

Request for Childbirth and Adoption Accommodation

(See Policy 8.5 Graduate School Policy Handbook for guidelines)
Submit to Graduate School N204



THE GRADUATE SCHOOL OF
BIOMEDICAL SCIENCES

BAYLOR COLLEGE OF
MEDICINE

Student Name: _____ BCM ID #: _____

Graduate Program: _____ (Are you also in the 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. I have reviewed Policy 8.5 "Childbirth/Adoption Accommodation" in the Graduate School policy 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's Signature: _____

_____ Date

Address: _____

_____ Home/Cell Phone

_____ Personal Email Address

REQUIRED APPROVALS

1) Major Advisor:

_____ Signature

_____ Date

2) Graduate Program Director:

_____ Signature

_____ Date

3) Dean of the Graduate School:

_____ Signature

_____ Date