University of PITTSBURGH | **Graduate Studies** / School of Medicine

M240 Alan Magee Scaife Hall
3550 Terrace Street
Pittsburgh, PA 15261
412-648-8957
somgrad@pitt.edu
somgrad.pitt.edu

Request for Graduate Student Parental Accommodation

> For the full text of the Graduate Student Parental Accommodation Academic Regulations (GSPAAR)
> 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 eight weeks immediately following the birth or adoption of a child as defined by the GSPAAR. 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 eight week accommodation period, but separate request forms should be submitted. Please refer to the official GSPAAR for details.

Student Name (printed)

PeopleSoft ID

Student Email Address

Graduate Program Name / Matriculation Date

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 delivery or adoption date.

- -

You must submit the following supporting documentation along with this form to the School of Medicine Office of Graduate Studies no later than 30 days preceding the anticipated delivery or adoption date:

- A letter from your medical provider with an anticipated delivery date, <u>or</u>
- A letter from the adoption agency with an anticipated adoption date.

- -

I have read the guidelines and met with my advisor and program director to discuss my parental accommodation plan.

Student Signature

Date

- -

Signature signifies approval. (Please attach any additional comments.)

Advisor Name (printed)

Advisor Signature

Date

Graduate Program Director Name (printed)

Graduate Program Director Signature

Date

Associate Dean for Graduate Studies, School of Medicine (Signature)

Date