



Graduate Student Parental Accommodation Request

****Only students who hold a College of Arts and Sciences funded SAA of at least 37.5% FTE are eligible to apply****

Student Name:

Student ID Number:

Degree Program:

Estimated Accommodation Begin/End Dates:

This Parental Accommodation is for the following qualifying reason:

- Care of a child within six weeks of birth
- Care of a child within six weeks of adoption

Requested Accommodations:

- Absence from Student Academic Appointment duties
- Other, please attach explanation

This parental accommodation request is subject to the following conditions:

1. The student completed at least 9 credit hours or one academic year prior to the parental accommodation.
2. The student and department understand that a parental accommodation does not apply retroactively.
3. The student and department understand that a parental accommodation does not automatically extend existing grades of incomplete. Please contact the professors of courses in which incompletes were received to request extensions.
4. The student and department understand that a parental accommodation does not automatically extend or circumvent milestones or other requirements determined by the University Graduate School. Please contact the University Graduate School directly to request an extension of candidacy or course revalidation.
5. The student understands that not resuming all academic and SAA duties following the parental accommodation period without prior communication forfeits any commitments or agreements from the College or Department of ongoing financial support or special academic arrangements made in past or subsequent semesters.

TO BE COMPLETED BY THE DEPARTMENT/PROGRAM

How do you plan to cover the student's instructional responsibilities during the accommodation period? _____

Student's Name (Please Print) & Signature Date

Faculty Advisor Name & Signature Date

Director of Graduate Studies Name & Signature Date

Department Chair Name & Signature Date

*Please submit completed and signed request along with medical certification to:
College Graduate Office, Owen Hall, 790 E. Kirkwood Avenue, Bloomington IN 47405
Fax: 812.855.2060/Email: collgrad@indiana.edu*



FOR GRADUATE OFFICE USE ONLY:

___ Parental accommodation *conditionally* approved pending receipt of medical certification
(received within 15 days on _____)

___ Parental accommodation *approved*

With the following accommodations:

- Absence from Student Academic Appointment duties
- Other, see attached

___ Parental accommodation *denied* because:

- Student is not enrolled full-time in a College Graduate program or is not in good academic standing
- Student has not completed at least 9 credit hours or one academic year prior to the parental accommodation request
- Student does not have a qualifying reason for the parental accommodation
- Student did not submit medical documentation
- Student has already received a parental accommodation

Additional Comments:

Graduate Office, College of Arts and Sciences (signature)

Date

Date given to student: _____ **Via:** ___ U.S. Mail ___ Email ___ Other (specify): _____

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