

**REQUEST FOR GRADUATE STUDENT PARENTAL ACCOMMODATION  
SCHOOL OF PUBLIC HEALTH**

Graduate students requesting a parental accommodation under the [Graduate Student Parental Accommodation Guidelines](#) should complete this form, obtain required signatures, and submit copies prior to the anticipated childbirth of adoption to his/her academic department.

**International students with an F-1 student visa or J-1 Exchange Visitor visa are strongly encouraged to consult with the Office of International Services.**

-----

Date of application for accommodation: \_\_\_\_\_

Estimated date of birth or adoption: \_\_\_\_\_

Student Name: \_\_\_\_\_

Academic Department and Degree Program: \_\_\_\_\_

University and Other Email Addresses:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Date of First Enrollment in Academic Program: \_\_\_\_\_

Graduate Student is a(n):

- Birth mother
- Eligible student (see guidelines, link above, for eligibility)

Funding Status During the Requested Accommodation Period:

- Teaching Assistant (TA) or Teaching Fellow (TF)
- Graduate Student Researcher (GSR)
- Graduate Student Assistant (GSA)
- Other funding source (eg, fellowship, traineeship, hourly job, scholarship.  
Please specify:

\_\_\_\_\_  
 Not funded

Accommodation to start on \_\_\_/\_\_\_/\_\_\_ and end on \_\_\_/\_\_\_/\_\_\_

**Note: The length of the accommodation for an eligible student is eight consecutive weeks, and for a birth mother who holds an academic appoint as TA, TF, GSR, or GSA is to be determined by a health care provider, not to exceed the student's appointment period.**

\_\_\_ Documentation from a health care provider submitted for birth mother is attached.

If the other parent is also a graduate student at the University of Pittsburgh, please provide

Name: \_\_\_\_\_

School, program, and degree: \_\_\_\_\_

**Please obtain the signatures of the individuals below, as indication of their approval of the request for accommodation. A copy of the form will be returned to the student's department after it has been signed by the Office of Student Affairs.**

Faculty Advisor:

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

Funding Supervisor (e.g., GSR supervisor) if applicable:

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

Department Chair:

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

Pitt Public Health Office of Student Affairs:

Signature and Date: \_\_\_\_\_

**Terms of Accommodation (if necessary):**