

Doctoral Student Parental Accommodation Request Form

For the full text of the Doctoral Student Parental Accommodation Policy please visit
[The Graduate Center website](#)



Note: Please consult with appropriate academic advisers, instructors and work supervisors before submitting this application.

You must submit the following supporting documentation along with this form to the Office of the Vice President for Student Affairs

- ✚ If applicable, appointment letter for eligible CUNY position (see [section III C](#) of policy), *and*
- ✚ A letter from your medical provider with an actual or anticipated delivery date, or
- ✚ A letter from the adoption agency with an actual or anticipated adoption date.

Student Name

Banner ID

Student E-mail Address

Program Name / Level

Anticipated Date of Birth or Adoption *(It is understood that this is an anticipated date and actual date of delivery or adoption may differ.)*

Date

I am requesting an **extension** of time to degree by one semester.

Date

If applicable, what is beginning date of **six week academic accommodation** period?

If applicable, when will the **service reduction** be taken?

In semester of anticipated birth/adoption

Fall

Spring

In semester following birth/adoption

Fall

Spring

Student Signature

Date

Executive Officer: By signing you affirm that you are aware that the student has consulted with appropriate academic advisers, instructors and work supervisors before submitting this application.

Executive Officer Signature

Date

Vice President for Student Affairs Signature

Date