

# Doctoral Student Parental Accommodation Request Form

For the full text of the Doctoral Student Parental 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

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

Date

**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