

Request for Childbirth Accommodation Approval

Student Information		
Name (Current Name on SB Records)	SBU ID # (not Social Security)	Academic Level (check one) <input type="checkbox"/> G1 <input type="checkbox"/> G2 <input type="checkbox"/> G3 <input type="checkbox"/> G4 <input type="checkbox"/> G5
Department/Program	Contact for Program Appointments	Student's e-mail address
Current Stipend \$	Source of Support	Due Date (Requires documentation from Doctor) (m/d/yyyy):

Request Term of Stony Brook CAP Appointment		
<input type="checkbox"/> Research (12 week)	Start Date (m/d/yyyy)	End Date (m/d/yyyy)
<input type="checkbox"/> State Appointment – Indicate Semester / Year	Start Date (m/d/yyyy)	End Date (m/d/yyyy)

Statement from Graduate Program Director on Student's Status, Impact of Childbirth, and accommodations to facilitate student's progression towards degree completion:

_____ Signature Date (m/d/yyyy)

Graduate Program Director

Statement from Thesis Advisor on Student's Status, Impact of Childbirth and accommodations to facilitate student's progression towards degree completion:

_____ Signature Date (m/d/yyyy)

Thesis Advisor

Student's who work with a Supervisor in addition to their Thesis Advisor also require a statement from their Supervisor indicating they are aware of the Request for Childbirth Accommodation and have made plans that excuse this student from their duties during this period:

_____ Signature Date (m/d/yyyy)

Supervisor

I acknowledge that I am aware of both the policies and requirements of the Childbirth Accommodation Approval:

_____ Signature Date (m/d/yyyy)

Student

_____ Signature Date (m/d/yyyy)

Assistant Dean of Records, Graduate School

All international students are required to receive consultation from an International Services Student Advisor:

_____ Signature Date (m/d/yyyy)

International Services (if required)

_____ Signature Date (m/d/yyyy)

Graduate School