

Graduate School Parental Accommodation Application

Please review the Graduate Student Parental Accommodation Policy **before** completing this form. Full time graduate students who wish to request Parental Accommodation for up to eight (8) weeks should complete and submit this form at least eight (8) weeks prior to the anticipated accommodation period. Submit the **original** completed and signed application to: gradschool@umd.edu.

Date of Application:

University Identification Number (UID)

Student Name:

Estimated Date of
Birth or Adoption*:

Requested Parental Leave Dates (DD/MM/YY to DD/MM/YY):

(Note that the length of requested leave can be no longer than eight consecutive weeks.)

REQUIRED:

*** Please attach a brief statement from your medical service provider or adoption agency stating the best estimate of delivery or adoption.**

Street Address:

City, State, Zip:

Email Address:

Phone Number:

Academic Program:

Degree Intent:

Date of Program
Entry (Semester/Yr)

Do you wish to extend your academic deadlines by one semester, as the policy makes possible? Enter *Yes* or *No*. If yes, please check those deadlines you would like to extend by one semester.

☐

- ☐ Time to masters degree
- ☐ Time to comps/qualifying exams
- ☐ Time to candidacy
- ☐ Time to Ph.D.
- ☐ Other:

Is this a joint application (the other parent is a graduate student at UMCP **and** is requesting parental accommodation)?

☐Name of Other
Student Parent:UID
Number:

Date

Applicant Signature



Please list the courses in which you will be enrolled during the Parental Accommodation period. For each course listed:

- 1) the faculty member must sign the agreement acknowledging that **coursework and attendance** will be deferred for the specified dates;
- 2) the student must enter a statement (or attach a letter) specifying the terms, agreed upon by the faculty member and student, for the student's meeting the academic requirements of the course.

Course #1	_____	Semester/Year	_____
Coursework/Attendance Deferred from (DD/MM/YY to DD/MM/YY):	_____	Coursework/Attendance Will Resume (DD/MM/YY):	_____
Faculty Member:	_____	Faculty Phone:	_____
Faculty Email:	_____	Faculty Signature:	_____

Statement of
Terms for Meeting
Academic
Requirements of
Course:

Course #2	_____	Semester/Year	_____
Coursework/Attendance Deferred from (DD/MM/YY to DD/MM/YY):	_____	Coursework/Attendance Will Resume (DD/MM/YY):	_____
Faculty Member:	_____	Faculty Phone:	_____
Faculty Email:	_____	Faculty Signature:	_____

Statement of
Terms for Meeting
Academic
Requirements of
Course:



Please list the courses in which you will be enrolled during the Parental Accommodation period. For each course listed:

- 1) the faculty member must sign the agreement acknowledging that **coursework and attendance** will be deferred for the specified dates;
- 2) the student must enter a statement (or attach a letter) specifying the terms, agreed upon by the faculty member and student, for the student's meeting the academic requirements of the course.

Course #3	_____	Semester/Year	_____
Coursework/Attendance Deferred from (DD/MM/YY to DD/MM/YY):	_____	Coursework/Attendance Will Resume (DD/MM/YY):	_____
Faculty Member:	_____	Faculty Phone:	_____
Faculty Email:	_____	Faculty Signature:	_____
Statement of Terms for Meeting Academic Requirments of Course:	<div></div>		

Course #4	_____	Semester/Year	_____
Coursework/Attendance Deferred from (DD/MM/YY to DD/MM/YY):	_____	Coursework/Attendance Will Resume (DD/MM/YY):	_____
Faculty Member:	_____	Faculty Phone:	_____
Faculty Email:	_____	Faculty Signature:	_____
Statement of Terms for Meeting Academic Requirments of Course:	<div></div>		



Graduate Assistant Parental Accommodation Addendum

For students who are Graduate Assistants, please fill out this page along with the rest of the form. If you are applying for a parental accommodation but are not a Graduate Assistant, please skip this page.

GAs must fill out this form with their supervisor to identify how the responsibilities and tasks of the GA will be modified during the eight week parental accommodation period (i.e, collegial support, hiring a temporary instructor, etc.).

Statement detailing
current GA roles and
responsibilities:

Graduate Assistant Duties
Deferred from
(DD/MM/YY to DD/MM/YY):

Graduate Assistant Duties
Will Resume (DD/MM/YY):

Faculty Member:

Faculty Phone:

Faculty Email:

Faculty Signature:

Statement of how
the GA tasks will be
modified during the
parental
accommodation
period:



Please provide the following signatures and contact information. Individuals listed below will receive written notification of the Graduate School's decision.

Faculty Advisor

Name:

Extension:

Email:

Signature

Director of Graduate Studies

Name:

Extension:

Email:

Signature

Department Chair

Name:

Extension:

Email:

Signature

STOP! Do not fill out below this line.

Graduate School Decision

☐ Approved

☐ Denied

Name:

Title:

Date:

Graduate School Signature

Explanation/
Notes (if
necessary):