

# 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 six (6) weeks should complete and submit this form at least eight (8) weeks prior to the anticipated childbirth or adoption. Submit the **original** completed and signed application to: Dean of the Graduate School, 2123 Lee Building, College Park, MD 20742.

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 six consecutive weeks.)

**\* 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: \_\_\_\_\_

If the other parent is a graduate student at UCMP and is requesting parental accommodation, **both** applications must be submitted at the same time. All necessary documentation and signatures for both parties must accompany a joint application. Joint applications will not be processed until both completed applications are submitted.

Applicant Signature \_\_\_\_\_

Date

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:



# UNIVERSITY OF MARYLAND

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:

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:



UNIVERSITY OF MARYLAND

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):