



**Office of the Vice Provost for Graduate Education**

**Request for Childbirth Accommodation Period and  
Automatic One-Quarter Extension of Academic Requirements**

*Women graduate students anticipating a birth who wish to petition for an Academic Accommodation Period and one-quarter extension of academic requirements should submit this form at least four months prior to the anticipated childbirth. This petition is also used to apply for funding from the Childbirth Accommodation Fund. Submit the completed petition to the office of the Vice Provost for Graduate Education, Rm. 213, Building 60, accompanied by a letter from your health-care provider stating the estimated delivery date. If this petition is being filed after the birth of a baby, attach documentation of the birth date.*

Student name:

Signature:

Date:

Street address while attending Stanford University:

E-mail address:

Student ID number:

Academic department/school:

Degree goal:

Date of first enrollment in graduate program:

Expected date of completion:

Housing (*circle one*):

Off campus

On-campus/Stanford Housing

*(Circle one)*

U.S. Citizen

Permanent Resident

F-1 Visa

J-1 Visa

Other Visa

Requested start and end dates of Childbirth Academic Accommodation Period (overlapping no more than two consecutive quarters):

I wish to (*circle one*): Remain enrolled full-time during the Academic Accommodation Period.

Petition for a reduced course load during the following one or two quarters:

Funding type and level in effect at the time of this request, if any

(e.g., NSF Fellowship; 50%-time RA on NIH grant to Prof. Smith):

If applicable, requested start and end dates of six-week period during which funding would be paid by the Childbirth Accommodation Fund:

*Please provide the names and contact information for the following individuals. They will be contacted for information concerning your request, will receive written notification of your approved petition for an Academic Accommodation Period and a one-quarter extension of academic requirements, and, if applicable, a decision concerning financial support from the Childbirth Accommodation Fund.*

Faculty advisor

Name:

Signature:

Date:

E-mail:

Telephone:

Administrator responsible for graduate financial aid in your primary academic department or school

Name:

E-mail:

Telephone:

Administrator in the lab, department, or school that provides your funding (if different from above)

Name:

E-mail:

Telephone:

School or departmental faculty coordinator of graduate program

Name:

E-mail:

Telephone:

Department, division, or program Chair

Name:

E-mail:

Telephone: