

## PARENTAL ACCOMMODATION REQUEST FORM

This form is to be completed by a graduate student requesting parental accommodation following the birth or adoption of a child. This form is only for matriculated part-time, master's, and advanced certificate students. Further information can be found in the [Family-Friendly Policy](#). Full-time PhD students must follow the University's [PhD Student Parental Accommodation Policy](#) and will not use this form.

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UR ID Number \_\_\_\_\_

Student Last Name \_\_\_\_\_

Student First Name \_\_\_\_\_

Department/Program \_\_\_\_\_

☐ Adv. Cert.   ☐ Master's   ☐ PhD  
Degree Program

Matriculated part-time, master's, and advanced certificate students may request **up to eight (8) consecutive weeks** of parental accommodation immediately following the birth or adoption of a child. During this period, students may postpone course assignments, examinations, and other academic requirements but remain active students, with access to applicable University facilities and to University faculty and staff.

Estimated Date of Birth or Adoption: \_\_\_\_\_

Parental Accommodation Start Date: \_\_\_\_\_

Parental Accommodation End Date: \_\_\_\_\_

If the child's other parent is also a graduate student at the University and they will also be requesting a parental accommodation period, please provide:

Other Parent's Name: \_\_\_\_\_ Program: \_\_\_\_\_

**Student Acknowledgment:** I acknowledge that it is my responsibility to work with my advisor and/or instructors to prepare in advance of the parental accommodation period, including arranging alternative timelines for coursework, research projects, and/or any other responsibilities.

\_\_\_\_\_  
Student Signature\_\_\_\_\_  
Date

**Faculty Advisor/Program Director Acknowledgement:** I acknowledge that the student has discussed with me the academic accommodation plan for their parental accommodation period and the expectations upon their return from the parental accommodation period.

\_\_\_\_\_  
Faculty Advisor/Program Director Signature\_\_\_\_\_  
Date

**Submission:** This form should be submitted to your [graduate program coordinator](#) who will forward this form onto the GEPA Office ([ASEGEPA@rochester.edu](mailto:ASEGEPA@rochester.edu)) for review and processing. You and your program coordinator will receive email confirmation when complete.

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GEPA Office Approval \_\_\_\_\_

Date \_\_\_\_\_