

Office of the Dean for Graduate Education Submission date: ___/___/___
Request for Childbirth Accommodation

Female graduate students who wish to petition for Childbirth Accommodation for up to eight weeks should complete this form approximately five months prior to anticipated childbirth. Submit the completed application to the Dean for Graduate Education, Room 3-138 with a brief statement from your medical service provider stating the best estimate of delivery date.

Name: _____ MIT ID Number: _____

Street address: _____

City, State, and Zip Code: _____

This is campus housing: yes / no (*Circle one*)

Email address: _____

Department: _____

Date of first enrollment in graduate program: _____

Ultimate degree objective: _____ Expected date of completion: _____

US Citizen/Permanent resident *or* International student? (*Circle one*)

Best estimate of Childbirth Accommodation requested (up to eight weeks):

From ___/___/___ to ___/___/___

Current funding type and level (for example, 100% RA or NSF Fellowship):

Please add name and address for each of the following. Individuals will receive written notification of your approved request.

Faculty Advisor(s)

Name

Address

Department Head

Name

Address

Graduate Administrator

Name

Address

Administrative Officer

Name

Address

Fiscal Officer

Name

Address

For office use only Funding type and level during proposed accommodation period: