



**Pregnant and Parenting Students  
Excused Absence and Accommodations Request**  
*Please complete this form and return it to the Title IX Coordinator*

Name (Print clearly): \_\_\_\_\_

Student ID: \_\_\_\_\_

**1. Enter the term(s) for which you are requesting assistance:**

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

**2. Select the reason for your request:**

**Excused absence due to pregnancy or childbirth**

Provide authorized documentation signed by a physician or other medical personnel on medical facility/doctor office letterhead. Document should state situation/condition causing interference with school attendance, and must include dates of treatment and date when you can resume class attendance.

**Accommodations due to pregnancy or childbirth**

Provide documentation signed by a physician of proof of pregnancy and/or childbirth. Please select one or more accommodations, or select "Other" and list the accommodation(s).

Larger desk or work area

Frequent trips to restroom

Designated nursing room

Other (please specify): \_\_\_\_\_

NOTE: Failure to provide adequate documentation at the time of submission may result in an unexcused absence.

*I have read and understand the policy and procedures of the College's Title IX Requirements Regarding Pregnant and Parenting Students. I understand that sufficient medical documentation is required. A signed application shall act as a student's release of information and consent to review academic, financial aid, registration, medical documentation and other records that are related to the request.*

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

Title IX Coordinator / Disability Services \_\_\_\_\_ Date \_\_\_\_\_

Academic Dean (or Designee) \_\_\_\_\_ Date \_\_\_\_\_

Instructor \_\_\_\_\_ Date \_\_\_\_\_