

Request for Accommodation for Parental Responsibilities

This form is for doctoral students in Arts and Sciences programs only. Students should submit the completed form to the GSAS Office of Student Affairs using the contact information at the bottom.

STUDENT NAME Last: _____	First: _____	UNI _____
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DEPARTMENT OR PROGRAM _____	SEMESTER AND YEAR OF FIRST REGISTRATION IN GSAS _____
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Please fill in one of the following:	DUE DATE _____	ADOPTION DATE _____	FOSTER PARENT OR LEGAL GUARDIANSHIP DATE _____
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PLEASE SUBMIT THE PROPOSED DATES OF ACCOMMODATION	BEGINNING: _____	ENDING: _____
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PLEASE INDICATE THE ACCOMMODATION(S) YOU ARE REQUESTING. THE SUBSEQUENT (UNFUNDED) SEMESTER CAN BE REQUESTED NOW OR DURING THE FIRST 12-WEEK ACCOMMODATION.	<input type="checkbox"/> THIS REQUEST IS FOR THE FIRST (FUNDED) 12-WEEK ACCOMMODATION <input type="checkbox"/> THIS REQUEST IS FOR THE SECOND (UNFUNDED) SEMESTER OF ACCOMMODATION
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TEACHING ASSISTANT OR RESEARCH ASSISTANT RESPONSIBILITIES DURING THE ACCOMMODATION PERIOD

ADDITIONAL INFORMATION OR COMMENTS

STUDENT SIGNATURE _____ DATE _____

PLEASE SUBMIT A COPY OF THE BIRTH CERTIFICATE TO GSAS-STUDENTAFFAIRS@COLUMBIA.EDU WHEN AVAILABLE.

Advisor: Has the student discussed a completion schedule/revised time-to-degree with you? Yes No

SIGNATURE OF ADVISOR _____ DATE _____

Director of Graduate Studies: Is the student current with degree requirements and in good academic standing? Yes No

SIGNATURE OF DIRECTOR OF GRADUATE STUDIES _____ DATE _____

For GSAS use	<input type="checkbox"/> Note Time to Degree Extension	<input type="checkbox"/> Send Student Memo
APPROVED _____	DATE _____	