



TITLE IX
Pregnant & Parenting Students
Excused Absence and Accommodations Request Form

Name (Print Clearly): _____

Email: _____ COM ID: _____

Individual Status: ___Pregnant ___Parenting ___Other: _____

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 documentation signed by a physician stating situation/condition causing interference with school attendance. Must include dates of treatment and date when you can resume class with school attendance.

☐ **Accommodations due to pregnancy or childbirth**

Provide documentation signed by a physician of proof of pregnancy and/or childbirth.

Select one or more accommodations or select "Other" and list the accommodation(s).

- | | |
|--------------------------------------|---|
| ____Larger desk or work area | ____Absence Support |
| ____Frequent trips to water fountain | ____Academic Assistance (i.e. request to adjust academic deadlines) |
| ____Frequent trips to restroom | ____Parking Support |
| ____Designated lactation room | ____Temporary Pregnancy Related Medical Condition |
| ____Temporary access to elevator | |
| ____Other: _____ | |

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

I understand that sufficient medical documentation is required. A signed application shall act as a student's release of information and consent to review medical documentation and other records that are related to the request.

The College will notify me, in writing, of their determination and requirements.

Student Signature

Date

NOTE: This document must be submitted to the Title IX Coordinator, Sarah David via email at titleix@com.edu