

**Notification Form
Childbirth and Adoption Accommodation for Full-Time PhD Students**

Boston University adopted a Childbirth and Adoption Accommodation Policy for its full-time PhD students in 2014 (<http://www.bu.edu/academics/policies/childbirth-and-adoption-accommodation/>). Any student electing to take the accommodation must use this form to notify the relevant department chair or program director, and school or college. The department chair or program director will acknowledge receipt by signing and dating the form, returning the original to the student, sending a copy to the relevant school or college dean's office, and retaining a copy for department or program files.

Last Name: _____ First Name: _____ Middle: _____

Email Address: _____ Phone: _____

UID: _____ Department/Program: _____

Please estimate the start and end dates of your accommodation period. The dates can be adjusted or confirmed after the actual birth or adoption.

Start Date: _____ End Date: _____
(month/day/year) (month/day/year)

Student Signature: _____ Date: _____

(To be completed by the Department/Program)

Stipend Funding Source: _____

Name of Chair/Director: _____

Chair/Director Signature: _____ Date: _____

- ***This form must be submit to the GMSRegistrar@bu.edu or GMS Registrar Office at least 30 days prior to the start of the semester in which childbirth is expected. For adoption, submit this form once you are reasonably certain of the expected adoption date.***
- ***Associate Dean's signature will be obtained by GMS Registrar.***

GMS Associate Dean Signature: _____ Date: _____