



**Princeton University
Graduate School**

**Request for Suspension of Academic Work for Childbirth or Adoption
(12-Week Accommodation)**

Please complete and submit this form along with confirmation of expected date of birth* or adoption, to 003 Clio Hall at least 3 months prior to the expected due date or placement date (for adoption). Any questions may be directed to Dean Elaine Willey at ewilley@princeton.edu or 609-258-3033.

Name: _____ **PUID:** _____
Last Name First Name Number

Department: _____ **Year of Study:** _____ **Email:** _____
Three letter code

Please fill in one of the following: **Due Date:** _____ **Adoption Date:** _____

If your spouse/partner is giving birth, please provide her name: _____

Is your spouse/partner also a Princeton graduate student? YES ____ NO ____

If you are adopting, is your spouse/partner also a Princeton graduate student? YES ____ NO ____

If so, please provide his/her name: _____

Please list your Teaching Assistant or Research Assistant responsibilities during the accommodation period:

Additional Information or Comments: _____

Student Signature Date Adviser Signature Date

Director of Graduate Studies signature, indicating that the student is current with degree requirements and is in good academic standing:

Director of Graduate Studies Signature Date

For Office Use Only

Period of accommodation approved: YES ____ NO ____ **Dates of accommodation:** _____

Additional Information: _____

Graduate School Representative Signature Date

*A note from attending physician is a recommended acceptable document.