



# 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](mailto: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.