

**MEDICAL UNIVERSITY OF SOUTH CAROLINA  
COLLEGE OF GRADUATE STUDIES  
PETITION FOR MATERNITY/PATERNITY-RELATED ACADEMIC ACCOMMODATION**  
(please print or type requested information)

The academic accommodation plan, agreed to by the student/postdoc, advisor, and department head, must be submitted to the Dean of the College of Graduate Studies at least 5 months prior to the birth or adoption of a child. The purpose of this policy is to minimize the exposure to potential environmental risks and make any necessary adjustments to the research plan of the student/postdoc in order to do so. Up to 6 weeks paid time off for the mother-to-be will be allowed for the birth of a child. Up to 2 weeks paid time off may be requested by the father. Up to 3 weeks of paid time off for both parents may be requested for adoptions. Academic deadlines will be extended for a corresponding period of time. A letter from your physician or adoption agency documenting the anticipated date of delivery or adoption must be attached. All information contained on this form is confidential to the extent permitted by law.

**Step 1. Initiation of Request. To be completed by applicant and mentor.**

1. Individual requesting accommodation	2. Job classification	3. Classification Code
4. Social Security Number	5. Department	6. Birth _____ or Adoption _____
7. Home address of requestor (Include zip code)		8. Home Phone _____ Work Phone _____

9. Describe the essential activities for which you are requesting an accommodation (attach additional pages if needed).

10. Describe how the requested accommodation will impact your current academic/research plan or timetable (attach additional pages if needed).

11. Applicant \_\_\_\_\_ (print or type) \_\_\_\_\_ (signature) \_\_\_\_\_ date \_\_\_\_\_

12. Mentor \_\_\_\_\_ (print or type) \_\_\_\_\_ (signature) \_\_\_\_\_ date \_\_\_\_\_

**Step II - Departmental Approval.**

13. Department Head \_\_\_\_\_ (print or type) \_\_\_\_\_ (signature) \_\_\_\_\_ date \_\_\_\_\_

**Step III - College of Graduate Studies Approval.**

14. Dean \_\_\_\_\_ (print or type) \_\_\_\_\_ (signature) \_\_\_\_\_ date \_\_\_\_\_

**Step IV - Applicant Acknowledgement.**

15. Applicant: I acknowledge receipt of and \_\_\_\_\_ agree or \_\_\_\_\_ disagree with this accommodation plan. (If you disagree, please provide a written explanation.)

Applicant's Signature \_\_\_\_\_ date \_\_\_\_\_

OFFICE OF THE GENERAL COUNSEL  
MUSC  
APPROVED AS TO LEGALITY  
AND FORM  
By: *Jes*  
Date: 9/25/07