

TITLE IX

Pregnant and Parenting Students

Excused Absence and Accommodations Request

Name (*Print clearly*): _____ MCC ID: _____

1. Enter the term(s) for which you are requesting assistance:

If currently pregnant,
please enter due date:

Semester: _____ Year: _____

Semester: _____ Year: _____

2. Select the reason for your request:

Excused absence due to pregnancy or childbirth

Provide authorized documentation signed by a physician or other medical personnel on medical facility/doctor office letterhead. Document should state situation/condition causing interference with school attendance, and must include dates of treatment and date when you can resume class attendance.

Accommodations due to pregnancy or childbirth

Provide documentation signed by a physician of proof of pregnancy and/or childbirth. Please select one or more accommodations, or select "Other" and list the accommodation(s).

_____ Larger desk or work area

_____ Frequent trips to water fountain

_____ Frequent trips to restroom

_____ Designated lactation room

_____ Temporary access to elevator

_____ Other: _____

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

I have read and understand the policy and procedures of the Pregnant and Parenting Students Excused Absence and Accommodations process. I understand that sufficient medical documentation is required. A signed application shall act as a student's release of information and consent to review academic, financial aid, registration, 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

**FALSIFYING INFORMATION ON THIS REQUEST WILL RESULT IN IMMEDIATE DENIAL
AND MAY BE GROUNDS FOR SANCTIONS
AS OUTLINED UNDER THE STUDENT CODE OF CONDUCT**

Charles Stewart Mott Community College

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