

# 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:**

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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