



REQUEST FOR PARENTAL ACCOMMODATION

STUDENT INFORMATION:		Student Number:	
Given Name:		Family Name:	
Email:	Degree (e.g. PhD):	Program:	

Graduate students in good academic standing may request an eight-week parental accommodation period surrounding the arrival of a new child. The policy makes it possible for students to maintain full-time student status during this period by standardizing a minimum level of academic accommodation. Eligible students maintain full-time registered student status during this period, with all the benefits of such status. They are also entitled to extended deadlines for meeting standard academic progress targets. Students must have completed at least one term of full-time study in their programs to be eligible. Please refer to the [UBC Graduate Student Parental Accommodation Policy #V-303](#) approved by Senate on October 17 2012.

The student's graduate program must submit all the information required below to the Faculty of Graduate and Postdoctoral Studies Office at least 30 days before the beginning of the accommodation period.

Student's Declaration:

I expect to receive a new child (through birth or adoption) on or about _____
(yyyy/mm/dd)

I request Parental Accommodation for 8 weeks, starting on _____
(yyyy/mm/dd)

I hold the following scholarships or fellowships under the jurisdiction of the Faculty of Graduate and Postdoctoral Studies:

- ☐ Graduate Recruitment Initiative (GRI) Effective from _____ to _____
- ☐ Four-year Fellowship (4YF) Effective from _____ to _____
- ☐ International Tuition Award (ITA) Effective from _____ to _____
- ☐ Other - Granting Agency / Award Name: _____
Effective from _____ to _____
- ☐ Other - Granting Agency / Award Name: _____
Effective from _____ to _____

Eligible students who are supported by a scholarship or fellowship whose terms and conditions are established by the Faculty of Graduate and Postdoctoral Studies will experience no change in this funding during the accommodation period. Payments will continue on the usual schedule. There will be no change to the total amount granted or to the completion date of the scholarship.

Supervisor's Declaration:

- ☐ I am aware of the eight-week parental accommodation period that will be taken by the student named above.

Signature	Name (please print)	Program	Date (yyyy/mm/dd)
-----------	---------------------	---------	-------------------

Graduate Advisor's Declaration:

- ☐ This student is in good academic standing and is making satisfactory progress toward the degree, **or**
- ☐ I attach a memo describing extraordinary extenuating circumstances.

Signature	Name (please print)	Program	Date (yyyy/mm/dd)
-----------	---------------------	---------	-------------------

Graduate Studies use only:	
Date of Approval	Signature of G+PS Clerk
New deadline for Candidacy (if applicable)	New program end date