Title IX Pregnancy & Related Conditions

Reasonable Modification Request Form

Section 1: Student Information

- **Student Name:** _____
- **Student ID Number:** _____
- **Phone Number:** _____
- **University Email:** _____
- **Academic Program/Major:** _____
- **Year/Level:** _____

Section 2: Pregnancy or Related Condition

Please check all that apply:

- ☐ Pregnancy
- ☐ Childbirth
- ☐ False pregnancy
- ☐ Termination of pregnancy
- ☐ Recovery from pregnancy/related condition
- ☐ Other (explain): _____

Expected Due Date (if applicable): _____

Section 3: Requested Reasonable Accommodations

Please state the recommended accommodations needed to assist the student.

Section 5: Description of Needs (Optional)

Please describe how pregnancy or a related condition is impacting your academic experience and what modifications may help:

Section 6: Medical Documentation

The University **will request documentation when necessary** to support the accommodation request, consistent with Title IX.

- ☐ I am submitting medical documentation.
- ☐ I am not submitting documentation at this time.

Section 7: Student Acknowledgment

I affirm that the information provided in this form is accurate to the best of my knowledge. I understand that completing this form initiates the interactive process with the Title IX Deputy for Students to determine reasonable modifications.

Student Signature: _____
Date: _____

Section 8: For Title IX Office Use Only

Date Received: _____
Reviewed By: _____
Follow-Up Meeting Date: _____

Modification Determination

- ☐ Approved
- ☐ Approved with revisions
- ☐ Additional information required
- ☐ Not approved (explanation required)

Summary of Approved Modifications:

_____

_____

_____

_____

Title IX Coordinator/Designee Signature: _____
Date: _____