



Pregnancy and Parenting Support Form

Baptist Health Sciences University is dedicated to creating an environment that is welcoming, accessible and inclusive for pregnant and parenting students. Students should provide the following information for consideration for pregnancy and parenting accommodations. Supporting documentation should include the recommended accommodations, beginning and end dates for the accommodations, the name of the professional completing the evaluation as well as their credentials and contact information.

Requests for accommodations will be processed as soon as possible and a member of the Title IX Office will be in contact with you within one to two days of the report submission.

Student Information

Involved party 1

Full Name: _____

Student ID: _____

DOB (YY-MM-DD): _____

Select Gender:

Cellphone Number: _____

Email address: _____

Accommodation Information

Excused Tardiness

Excused Absence

Excused Leave of Absence

Opportunity to submit assignment/take exam after the due date

Opportunity to make up clinical/lab hours missed

Limited exposure to potentially dangerous substances

Limited lifted

Limited standing

Different desk/table/chair

Restroom use

Other (please specify)



BAPTIST HEALTH SCIENCES UNIVERSITY

Please provide the beginning and end dates for the accommodation. (Required):

Beginning Date:

End Date:

Please indicate the type of accommodations that you are requesting. (Required)

Pregnancy Childbirth Miscarriage Termination of Pregnancy Parenting

Supporting Documentation

Supporting documentation is required and must include the recommended accommodations, beginning and end dates for the accommodations, and the name of the professional completing the evaluation, their credentials, and contact information. 5GB maximum total size.

Attachments require time to upload, so please be patient after submitting this form.

Choose files to upload