



**PREGNANCY OR PREGNANCY-RELATED CONDITION
MODIFICATION REQUEST FORM FOR STUDENTS**

The University of Utah is committed to nondiscrimination, diversity, and inclusiveness of all individuals. This form is to be used by University students who are seeking reasonable academic modifications due to pregnancy or pregnancy-related conditions.

Instructions: In order for your request to be processed properly, please fill out the sections below completely. Please submit this completed form to the Office of Equal Opportunity and Affirmative Action (OEO/AA).

OFFICE OF EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION

383 University Street, Level 1 OEO Suite
Salt Lake City, UT 84112
801-581-8365
801-585-5746 (FAX)
OEO@UTAH.EDU

CONTACT INFORMATION	
Name:	Date of Request:
uNID:	Please select one: Undergraduate Student <input type="checkbox"/> Graduate Student <input type="checkbox"/> Other <input type="checkbox"/>
Department/College:	Immediate Supervisor or Supervising Faculty Member:
Mailing Address:	Phone: _____ Cell/Home _____ Work
Primary Email Address*: _____	
<small>*Your primary email address will be used for all OEO Correspondence. If one is not provided, correspondence will be mailed to your Home/mailling address.</small>	
PREGNANCY MODIFICATION INFORMATION	
Identify the specific academic modification(s) you are requesting (e.g., additional breaks during class, rescheduling tests or exams, excusing absences due to pregnancy or related conditions, larger desk, etc.):	

<p>Please provide a brief explanation of the medical condition and the need for the reasonable modification(s):</p>	
<p>Please indicate the date the academic modification(s) will become medically necessary and the length of the modification(s), if known:</p>	

***If necessary, please attach additional information on separate sheet.**

ADDITIONAL INFORMATION & SUPPLEMENTAL DOCUMENTS

In some cases, the University of Utah will need to obtain additional information and/or documentation about your condition. This may include documentation from your doctor or other medical provider.

PLEASE ATTACH ALL MEDICAL DOCUMENTATION CONNECTED WITH THIS REQUEST

Please provide the course name, course number, instructor's name, and instructor's email address for each course for which you are seeking a modification:

- 1).
- 2).
- 3).
- 4).
- 5).

SUMMARY OF NEXT STEPS

1. This request will be reviewed by the Office of Equal Opportunity and Affirmative Action.
2. You will be notified, in writing of the decision regarding the request.

CERTIFICATION

I certify that the above information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for reasonable modification(s) may not be granted if it is unreasonable and/or if it creates an undue hardship on the University.

Signature: _____ Date: _____

