



Pregnancy Accommodation Request

Instructions

Submit this form to the Office of Civil Rights in person at Lakeholm 109 or submit it via email to titleix@mvnu.edu. The Director of Civil Rights will contact you regarding your request.

PROVIDE THE FOLLOWING INFORMATION

Contact Information:

Name: _____

Campus or Other Mailing Address: _____

Email Address: _____ Phone: _____

If you are a student:

Class Status: _____ Enrollment: _____

Academic Department: _____

Department Chair: _____ Academic Advisor: _____

Attach your course schedule to this form.

If you are an employee:

Department or Office: _____

Department Chair/Head: _____ Supervisor: _____

Are you a full-time or part-time employee? _____

Required Work Schedule: _____

Adjustment or Accommodation Information:

Describe any initial adjustments or accommodations you are requesting.

Please describe any additional factors that may impact your pregnancy or potential academic and/or employment adjustments or accommodations.

If a physician has instructed you to seek specific accommodation(s), please provide documentation of those instructions. Additionally, if you have sought assistance from any MVNU employee (such as your supervisor or advisor) prior to this request to Office of Civil Rights, please provide any documentation you might have about those arrangements.

Signature of Person Submitting This Form

Date