



## Pregnancy or Related Condition Modification Request Form

Northeastern University is committed to nondiscrimination, diversity, and inclusiveness of all students. This form is to be used by University students who are seeking reasonable academic modifications due to pregnancy or pregnancy-related conditions. This form must be filled out completely by the student requesting modifications.

Please email completed form to Disability Access Services at: [DASDocumentation@northeastern.edu](mailto:DASDocumentation@northeastern.edu).

**Pregnancy or Related Condition means: (1) pregnancy, childbirth, termination of pregnancy, stillbirth, miscarriage, or lactation (2) Medical conditions related to pregnancy, childbirth, termination of pregnancy, stillbirth, miscarriage or lactation or (3) recovery from pregnancy, childbirth, termination of pregnancy, stillbirth, miscarriage, lactation, or related medical conditions**

### Student Information:

Student Name (first and last): \_\_\_\_\_

Pronouns: \_\_\_\_\_

NU Email: \_\_\_\_\_ @northeastern.edu

NU ID#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Campus: \_\_\_\_\_ Date of Request: \_\_\_\_\_

*Please check the box if you are interested in a leave of absence:*

### Accommodation Requests:

1. What accommodations are you requesting at this time? Please specify below. (Examples include: additional breaks during class, rescheduling tests or exams, excusing absences due to pregnancy or related conditions, larger desk, etc.):

