

 **COLUMBIA UNIVERSITY**
Office of University Life

Pregnant Student Registration Form

Today's Date: _____

I. Student Information

Name: _____ Preferred Name: _____

UNI: _____ Date of Birth: _____ Due Date: _____

Preferred Phone #: _____

Current Address:

II. Academic Information

First semester at Columbia: _____

Specify your school/program at Columbia: _____

III. Accommodations Information

How does your pregnancy affect your ability to complete your coursework or other program requirements?

How does your pregnancy affect you in your everyday life and daily activities?

Provide any additional information that you feel is important and relevant to your accommodation request.

IV. Accommodations and Services

Please specify what accommodations you are requesting. We will consider your request in light of your supporting documentation and other information you may provide, as well as the requirements of your academic program.

V. Documentation

You must attach documentation from your healthcare provider to this form. Please provide information about the documentation you will be attaching.

Name of Provider Providing Documentation: _____

Date of Documentation (month/year): _____

VI. Signature

I affirm that all the information on this form is accurate.

Signature: _____