



The University of Texas at Austin

College of Natural Sciences

Current Date

Graduate Program

EID

Student Name

First Semester in
Program

Proposed Graduation
Semester

Semester of Birth or
Adoption

Accommodation Sought (check all that apply)

Academic

TA

GRA (modified duties)

Parental Leave

The college offers support in partnership with support from the programs themselves. Please list what departmental support can be made available for the student.

Endowment funds

GRA support

TA appointment

Other (please specify below)

None

Please provide concise accommodation details, including, when applicable, academic responsibilities being postponed, and a summary of modified GRA duties. Please also indicate if parental assistance funds are being requested for students on parental leave.

Student Signature & Date

Supervising Faculty (printed or typed)

Supervising Faculty Signature & Date

Graduate Advisor (printed or typed)

Graduate Advisor Signature & Date

TA Supervisor / Course Instructor (printed or typed)

TA Supervisor / Instructor Signature &
Date

Submit completed form to the CNS Dean's office, Attn: Scott Burghart
(sburghart@austin.utexas.edu)

Associate Dean (printed or typed)

Associate Dean Signature
