



Pregnancy & Parenting Student Excused Absence Form

Student Information: TCC ID Number: _____ Date: _____

Name: _____ Phone Number: _____

Medical Practitioner Information

Name: _____ Phone Number: _____

Medical Practice Name: _____

Address: _____

Request for Excused Absence (Must be deemed medically necessary by Medical Practitioner)

Required Medical Test Date: _____

Medical Appointment Date: _____

Medical Practitioner Signature: _____

Request for Extended Absence (Must be deemed medically necessary by Medical Practitioner)

Bed Rest Beginning Date: _____ Return Date: _____

Hospitalization Beginning Date: _____ Return Date: _____

Birth & Postpartum Beginning Date: _____ Return Date: _____

Medical Practitioner Signature: _____

Request for Parenting Related Absence (Must be deemed medically necessary by Medical Practitioner)
(Child must be one year of age or younger)

Child's Age: ____ months Beginning Date: _____ Return Date: _____

Medical Practitioner Signature: _____

Other than excused absences, any other temporary medical condition request for accommodations should be directed to the Campus Student Accessibility Resources (SAR) Office.

Student Signature: _____ **Date:** _____