

Qualifying Event Pregnancy or Pregnancy-Related Disability

The Graduate Student Assistance Fund Pregnancy award up to \$300 requires the following documentation:

Information Verified	Documentation Accepted	Alternative Documentation Accepted
Pregnancy	Certification for Pregnancy form by a licensed healthcare practitioner or provider	If you are working with the Office of Investigations for Civil Rights Compliance (OICRC) - OR - the Accessible Education Center (AEC) and give permission to disclose relevant medical information in your application, the Division of Graduate Studies will verify your eligibility with their office directly.

Certification for Pregnancy or Pregnancy-Related Disability

This form is used to verify a graduate student's request for a financial award related to pregnancy disability or prenatal care.

To be completed by a licensed healthcare practitioner or provider:

Patient First and Last Name _____

Is the patient pregnant? _____ Yes _____ No

Is the patient experiencing a pregnancy-related disability? _____ Yes _____ No

Date of Discovery or Diagnosis _____

Provider First and Last Name _____

Provider Title _____

Name of Practice _____

Type of Practice or Specialization _____

Address _____

Phone Number _____

Signature of Provider _____

Date Signed _____