# Benjamin N. Cardozo School of Law,
## Yeshiva University

TEMPORARY MEDICAL, PREGNANCY-RELATED, AND DISABILITY-RELATED ACADEMIC SUPPORT REQUEST FORM

This form is for law students who need temporary academic support because of a temporary medical condition, pregnancy or related condition, fertility treatment, pregnancy loss, childbirth, lactation, recovery, surgery, hospitalization, disability, or disability-related limitation.

*The Law School will treat the information provided with sensitivity and will share it only with individuals who need the information to evaluate or implement support.*

**SECTION 1: STUDENT INFORMATION**

Student Name:_____

Student ID: _____

Law School Email: _____

Phone Number: _____

Expected Graduation Year, if known: _____

**Degree Program / Academic Status:**

**Select all that apply:**

- ☒ **J.D.**
  - ☒ **1L**
  - ☒ **2L**
  - ☒ **3L**
  - ☒ **May-entry J.D. student**
  - ☒ **Fall-entry J.D. student**
- ☒ **LL.M.**
- ☐ **Online LL.M.**
- ☒ **J.S.D.**
- ☐ **Online M.S.L.**
- ☐ **Visiting/Exchange**
- ☒ **Other:** _____

**SECTION 2: TYPE OF REQUEST:** Please select all that apply.

**I am requesting support related to:**

☐ Childbirth
☐ Disability-related limitation
☐ Fertility treatment
☐ Hospitalization
☐ Lactation
☐ Medical condition affecting attendance or class participation
☐ Medical condition affecting exams, assignments, or deadlines
☐ Medical condition affecting clinical, experiential, or placement requirements
☐ Pregnancy
☐ Pregnancy loss
☐ Recovery from medical treatment or procedure
☐ Recovery from pregnancy, childbirth, pregnancy loss, fertility treatment, or related condition
☐ Surgery
☐ Temporary medical condition
☐ Temporary or episodic impairment
☐ Other: _____

**Request Type:** Choose 1

- ☒ Temporary
- ☒ Ongoing
- ☒ Intermittent/Recurring

**Requested effective dates**: _____to_____

## SECTION 3: Functional Impact

Please describe how your condition, treatment, recovery, pregnancy-related need, or disability-related limitation affects your ability to access or participate in the academic program.

You do not need to provide unnecessary intimate medical details. Please focus on what you are having difficulty doing and how long the difficulty is expected to last.

**Check any areas affected:**

☐ Attending class in person
☐ Bending or twisting
☐ Breathing
☐ Clinical, experiential, or placement participation
☐ Concentrating
☐ Completing exams
☐ Managing pain, fatigue, nausea, medication side effects, or recovery needs
☐ Meeting deadlines
☐ Lactation or postpartum needs
☐ Lifting or carrying books, laptop, backpack, or other items
☐ Participating in class discussion
☐ Reading or completing assignments
☐ Remaining in class for the full class period
☐ Responding to cold calls
☐ Sitting for extended periods
☐ Standing
☐ Walking or traveling between classes
☐ Other: _____

## SECTION 4: SUPPORT REQUESTED

**Please identify the support you are requesting. Select all that apply.**

☐ Access to class recordings
☐ Access to food, water, restroom breaks, or movement breaks
☐ Alternative participation method
☐ Assignment extension
☐ Breaks during an exam
☐ Clinical, experiential, or placement modification
☐ Exam rescheduling
☐ Excused absences
☐ Extended time for an exam
☐ Faculty notification regarding medically necessary absences
☐ Lactation-related support
☐ Leave of absence discussion
☐ Mobility-related assistance
☐ Modified deadline
☐ Incomplete
☐ Permission to leave class as medically necessary
☐ Permission to arrive late or leave early as medically necessary
☐ Prospective planning for pregnancy, childbirth, surgery, treatment, or recovery
☐ Reduced course load discussion
☐ Review of academic guidance status
☐ Seating adjustment
☐ Temporary relief from cold calling or modified cold-calling expectations
☐ Temporary remote participation or observation
☐ Withdrawal or late withdrawal discussion
☐ Other:_____

Please briefly explain the support you are requesting and why it is needed:

_____

_____

_____

## SECTION 5: Urgency

**Is this request time-sensitive?** ☐ Yes ☐ No

If yes, please explain the deadline or urgent concern:

_____

_____

**Are you requesting interim support while your request is being reviewed?** ☐ Yes ☐ No ☐ Not Sure

If yes, what interim support are you requesting?

_____

_____

## SECTION 6: DOCUMENTATION

Documentation is not required to submit this request. The law school will inform you if documentation is needed to evaluate or implement a particular request Documentation should focus on functional limitations, relevant dates, expected duration, and recommended academic adjustments. The Law School generally does not need full medical records or unnecessary intimate medical details.

**Type of documentation may include:**

☐ Disability-related documentation
☐ Hospital or surgery documentation
☐ Medical note
☐ Pregnancy-related documentation
☐ Provider letter
☐ Treatment schedule
☐ Other: _____

## SECTION 7: STUDENT CERTIFICATION

I certify that the information I am providing is accurate to the best of my knowledge. I understand that the Law School may request additional information if needed to evaluate or implement my request. I understand that submitting this form does not guarantee approval of every requested support, but that the Law School will review the request through an individualized process.

Student Signature: _____

Date: _____

**For Internal Use Only**

Expected review date: _____

Date received: _____

Modifications approved: _____