



Approval:

*Dr. K. Q. A. [Signature]*

Date: 8/2015

Review by: 8/2018

Date Revised: NEW

Policy/Revision Submitted by: L. Moore

**SUBJECT: Pregnancy Disclosure**

**I. POLICY STATEMENT:**

A student who is, or becomes, pregnant is strongly encouraged to notify her course instructors or HR Director as soon as possible. By doing so, the student and instructors and HR Director can collaborate and develop an appropriate plan for the continuation of the student’s education in light of the unique nature of the College’s nursing and health sciences programs and their clinical requirements, as well as particular challenges the student may face while pregnant or when recovering from childbirth (e.g., missed classes, make-up work, etc.). However, the choice to declare a pregnancy is voluntary, and a student is not required to disclose this information to the College.

**II. GENERAL INFORMATION:**

**Options After Disclosure**

Once a student has voluntarily decided to disclose a pregnancy to the College, the student will have several options, as described below. The instructor will set up an interactive meeting with the student and the HR Director.

1. Continue in the program

- If a student decides to continue in the program and desires to have any adjustments to her academic program due to the pregnancy, the student should contact the instructor. Then the instructor and the HR director will meet with the student to discuss any reasonable adjustments that may be necessary to continue in the program. Such adjustments, if any, will be documented on the form in Addendum A which will be signed by both the student and the instructor.

2. Request a leave of absence

- A leave of absence due to pregnancy may be for various amounts of time depending on a student’s particular circumstances. Such a leave may be extended if deemed medically necessary by the student’s physician.
- Due to the structure of the College’s nursing and health sciences programs, the timing and/or length of a student’s leave of absence may result in the student being required to re-take or finish course(s) in a future term.
- If taking a leave of absence due to a pregnancy, the Education Plan in Addendum B will be discussed with student and instructor and HR Director.

3. Withdraw from the College

- The student may, in her sole discretion, determine that she must withdraw from the College for an indefinite period of time or permanently due to her pregnancy. Normal College withdrawal procedures, and readmission procedures (if applicable), apply.

**Questions or Concerns**

A student who has questions about this policy or who is concerned about its implementation, should contact Title IX Coordinator.

**Addendum A**  
**Continuation in Program after Disclosing Pregnancy**

**I. Acknowledgements**

By signing this form, \_\_\_\_\_ (“Student”) acknowledges the following:

- She has voluntarily disclosed her pregnancy to Methodist College (the “College”) and intends to continue pursuing her degree in the College’s program.
- She understands there are other options available, including taking a leave of absence.
- She understands there are potential risks to her and/or her fetus by continuing in the program. The College has advised Student to consult with her doctor to discuss these potential risks.
- She assumes all responsibility related to these risks and any resulting losses or costs, including medical treatment and costs thereof.

**II. Adjustments to Program**

[In this section, describe any adjustments that have been discussed and will be implemented based on the student’s pregnancy. Note if there have been no adjustments implemented at the time of signature.]

A.

B.

C. The student may request additional modifications at any time by contacting the instructor and another interactive meeting will occur.

**The College and Student do hereby agree to the above.**

\_\_\_\_\_  
[INSERT NAME], Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
[INSERT NAME], [INSERT POSITION TITLE],

\_\_\_\_\_  
Date

**Addendum B**  
**Education Plan for Pregnancy Leave**

Methodist College (the "College") and \_\_\_\_\_ ("Student") have agreed to the following conditions related to the Student's leave of absence related to her pregnancy. Student's leave of absence is scheduled to begin on \_\_\_\_\_ and she is anticipating a return to school \_\_\_\_\_. Student and the College acknowledge that Student may take a longer leave if it is deemed medically necessary by her doctor, and the parties agree to meet and discuss this Education Plan if that occurs.

**I. Academics**

[In this section, discuss where Student currently stands academically, what adjustments to her courses/degree track will be necessary because of the leave of absence, what classes she will be enrolled in upon return, etc.]

- A.
- B.
- C.

**II. Financial Aid/Scholarships**

[In this section, discuss current financial aid/scholarship/funding situation and any implications from taking leave.]

- A.
- B.
- C.

**III. Additional Matters**

[In this section, discuss any additional matters that are relevant to a particular situation. Among other things, consider including if a student must meet any specific requirements to be readmitted (e.g., Upon expiration of Student's leave of absence her readmission is guaranteed, provided she ... [insert specific reasonable requirements, as appropriate]).

- A. Student agrees to contact \_\_\_\_\_ [days/weeks/months] in advance of her return in order to ensure a smooth transition back to school.
- B. Student will not be required to pay any application or readmission fees related to her readmission to the institution.
- C.

**The College and Student do hereby agree to the above.**

\_\_\_\_\_  
[INSERT NAME], Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
[INSERT NAME], [INSERT POSITION TITLE],  
Methodist College

\_\_\_\_\_  
Date