

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