

Office of the Dean of Students

1115 East 58th Street Chicago, Illinois 60637

ahd-dos@uchicago.edu 773.702.1552

Humanities.uchicago.edu

Arts & Humanities Division Parental Relief Modification Plan

student, department, and Dean of Students Office.	
Student Name:	Year in Program:
UCID:	Advisor:
Department:	
Which quarter are you requesting parental relief:	
Please list any courses you plan to register for during the quarter of parental relief:	
Please describe the program requirements you are are requesting parental relief modifications:	expected to fulfill during the quarter you

This document lays out the modifications and deadline extensions as agreed upon by the



Please describe the academic modifications and/or extensions you are requesting for these program requirements:
Student Name :
Signature:
Date:
Director of Graduate Studies or Department Chair:
Signature:
Date:
Dean of Students:
Signature:
Date: