

Accommodation Letter Request Form

During the first week of every new semester, you must complete this request form so that Accommodation Letters may be sent to your Professors in a timely manner. You should also make an effort to meet with your Professors to discuss these accommodations. If you have any concerns or problems, please make contact with our office immediately.

Student's Name: _____

Student's CUNY First ID#: _____

DOB: _____

Student's Telephone Number: _____

Student's Email Address: _____

Today's Date: _____

Semester: Fall _____ Winter _____ Spring _____ Summer I _____ Summer II _____

Please list ALL classes, sections, and Professor's names (see example below):

Class: ENG 101 ***Section:*** 082 ***Professor's Full Name:*** Jonathan Smith

Class: _____ Section: _____ Professor's Full Name: _____

Class: _____ Section: _____ Professor's Full Name: _____

Class: _____ Section: _____ Professor's Full Name: _____

Class: _____ Section: _____ Professor's Full Name: _____

Class: _____ Section: _____ Professor's Full Name: _____



Office of Accessibility

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For Office Use ONLY:

<u>Task</u>	<u>Emails</u>	<u>Letters *</u>	<u>Professor Database</u>	<u>Remedial Database</u>
<u>Completed By</u>				
<u>Date</u>				

**Only applicable if no email found for a professor.*