

## Application for Accommodations

---

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

(First) (Middle) (Last)

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

(Street) (City) (State) (Zip Code)

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Semester expected to attend: Please check all that apply

- Spring \_\_\_\_\_
- Summer \_\_\_\_\_
- Fall \_\_\_\_\_

### Please indicate the nature of your disability:

- Mobility Impaired
  - Visually Impaired
  - Wheelchair
  - Totally Blind
  - Not totally blind, but impaired
  - Acoustically Impaired
  - Learning Disabled
  - Totally Deaf
  - Not Totally Deaf, but impaired
  - Mental Health
  - Multiple Impairments (specify) \_\_\_\_\_
  - Other (Please specify) \_\_\_\_\_
- \_\_\_\_\_

**Office of Accommodation & Accessibility Service**

463 E 149th St., Bronx, NY 10455

60 West Street, NY, NY 10006

Phone: (212)343-1234 ext. 2810

Email: [access@mcny.edu](mailto:access@mcny.edu)



Check all those you will need in an educational setting  
*Accommodations are approved based on supporting documentation*

Instructional	Testing	Support Persons	Environment	Equipment
<input type="checkbox"/> Braille <input type="checkbox"/> Large Print <input type="checkbox"/> Text on Tape	<input type="checkbox"/> Extended Time <input type="checkbox"/> Out of Class Testing <input type="checkbox"/> Distraction Reduced <input type="checkbox"/> Calculator <input type="checkbox"/> Alternative Testing Format <input type="checkbox"/> Extended time to hand in assignments	<input type="checkbox"/> Interpreter <input type="checkbox"/> Note takers <input type="checkbox"/> Reader <input type="checkbox"/> Writer	<input type="checkbox"/> Preferential Seating <input type="checkbox"/> Special Seat <input type="checkbox"/> Accessible Site <input type="checkbox"/> Adjustable Table <input type="checkbox"/> Space for Wheelchairs <input type="checkbox"/> Lighting adjustments	<input type="checkbox"/> Tape Recorder <input type="checkbox"/> Calculator <input type="checkbox"/> Adapted Computer <input type="checkbox"/> Closed Caption <input type="checkbox"/> Listening Device

List any additional accommodation requests: \_\_\_\_\_

The College recommends that this form and appropriate documentation of disability be submitted at least six weeks in advance to the intended semester start date. Once documentation is received and approved, you will need to meet Marissa Sala to discuss accommodations, procedures and policies. Information regarding disability is kept in the Student Services Office and is not part of the student’s permanent record.

Date Application was Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Reason(s) for denial:*

Was proper documentation from doctor Received? Yes\_\_ No\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**If approved, as of \_\_\_\_\_ you will be receiving accommodations for the \_\_\_\_\_ Academic Semester. I agree to all terms and policies.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_