THE CITY UNIVERSITY OF NEW YORK
CRAIG NEWMARK GRADUATE SCHOOL OF JOURNALISM

Student Accessibility Services Form

CUNYfirst Student ID Number: _____ Date (Month/Date/Year): _____

Section 1: Personal Information

First Name: _____ Middle: _____Last: _____

Date of Birth (Month/Date/Year):_____

Preferred Pronouns: ☐ She/Her/Hers ☐ He/Him/His ☐ They/Them/Theirs ☐ Ze/Hir ☐ No pronouns. Please refer to me by my first name.

J-School Email Address:_____ @journalism.cuny.edu

Preferred Contact Number:_____ Home ☐ Cell ☐

Section 2: Accommodation Request Information

How does your health condition or impairment affect you academically?

_____
_____
_____
_____
_____

What accommodations are you requesting? Please note that documentation will be reviewed to determine eligibility for accommodations.

_____
_____
_____
_____
_____

Please share the name of the doctor who will provide your evaluation: _____

PLEASE PRINT AND SIGN YOUR NAME

_____ _____
PRINT DATE (Month/Date/Year)

_____
SIGNATURE

CUNY