

CONTINUING EDUCATION at  
**HUNTER**  
**COLLEGE**

**APPLICATION FOR DISABILITY SERVICES & ACCOMMODATIONS**

Requests for accommodations must be accompanied by documentation of disability. Please submit requests and documentation in advance of class start date to ensure that reasonable accommodation requests can be processed in a timely manner.

**General Information**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Last 4 digits of Social Security #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street & Apt. #)

\_\_\_\_\_  
(City) (State) (Zip)

**Phone (home):** \_\_\_\_\_ **Phone (cell):** \_\_\_\_\_

**Email:** \_\_\_\_\_

Please list all continuing education courses in which you are currently enrolled or planning to enroll in this term:

Course Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Course Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Course Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Course Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Have you taken courses with Hunter C.E. previously? If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_

**Disability Information**

Please list your disability (ies): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Agency Information:**

Please indicate if you receive services from one of the following agencies:

\_\_\_\_\_ (VESID) Vocational & Educational Services for Individuals with Disabilities

\_\_\_\_\_ (CBVH) Commission for the Blind & Visually Handicapped

\_\_\_\_\_ (VA) Veteran’s Administration

• Name of Counselor: \_\_\_\_\_

District Office (mark one):

Manhattan      Bronx      Brooklyn      Queens      Staten Island

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**Accommodation Request**

What accommodation(s) are you requesting?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe briefly the reason for requesting the above accommodation (s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you submitting documentation at this time?  YES  NO

If yes, please list: \_\_\_\_\_

**I understand that this application is a request for services. Determination of eligibility for requested accommodations will be based upon review of supporting documentation.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**FOR OFFICE USE ONLY**

Date disability documentation received: \_\_\_\_\_

Based on documentation provided and an interview with the student, the following accommodations will be provided for \_\_\_\_\_:

(Semester / Year)

- 
- 
- 
- 

**Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**