

City College of San Francisco
Disabled Students Programs & Services

CLASS RELOCATION FORM

Student Name:	Today's Date:
Student ID:	CRN & Course Title:
Student Address:	Day and Time Class Meets:
Student Phone#:	Location (Campus, Building Rm.#):
Student Email:	Instructor Name:

Please describe the access difficulty you are experiencing.

Completed forms must be submitted to either:

Disabled Students Programs and Services Rosenberg Library Rm. 323 50 Phelan Avenue San Francisco, CA 94112 or Faxed to (415) 452-5565.	OR The Dean of the Campus the student is attending, if other than the Ocean Campus.
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All relocation requests are handled on a case-by-case basis, but the College will make every effort to consider and respond to all such requests within 10 instructional days, or within the first 5 scheduled classes, whichever is sooner.

For Office Use Only

Rec'd Date: _____

Name of Person Receiving Form: _____ Date: _____

Upon receipt, please inform:

DSPS Accommodations Specialist, DSPS Counselor and Campus Dean