

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 **OR**