

CALIFORNIA STATE UNIVERSITY, LONG BEACH
 BOB MURPHY ACCESS CENTER (BMAC)
CLASSROOM FURNITURE REQUEST FORM

Name (Last, First): _____ Campus ID: _____

Email: _____ Phone #: _____

Check, if able to leave detailed message.

Summer Fall Winter Spring Year: _____

Agreement - It is the student's responsibility to:

- Register with BMAC, submit documentation, & meet with BMAC staff for accommodation approval, prior to submitting a classroom furniture request.
- Submit a furniture request form each semester in a timely manner and allow at least 10 working days to process and fulfill the request. *Note: Do not request furniture until you have a solidified class schedule.
- Notify bmac@csulb.edu of any missing or damaged BMAC-furniture, cancellations, and classroom location or schedule changes, anytime after furniture request has been submitted.
- Alert the instructor about utilizing a classroom furniture accommodation, once the request has been approved by BMAC.

I have read and agreed to the above responsibilities and statements.

Student Signature: _____ Date: _____

Class Schedule - List only courses which you are enrolled & requesting furniture.

Class (i.e. PSY 100)	Instructor	Location	Table	Chair	Other:
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Notes (i.e. specific placement of furniture in classroom, table height, chair width. etc.)

FOR OFFICE USE ONLY

APPROVED BY BMAC STAFF: _____ Date: _____

NOTIFICATION EMAILED BY: _____ Date: _____

NOTES: