



Extra Time on Specific Assignment Agreement Form

Office of Accessibility Services
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New York City, NY 10019
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F. 212.237.8144

Semester: [] Fall [] Winter [] Spring [] Summer Academic Year: _____

Course Information: _____

Student Information

Full Name: _____
Last First EMPLID

Phone: () _____ John Jay Email: _____

Faculty Information

Full Name: _____
Last First

Phone: () _____ John Jay Email: _____

Allowed Extension for Specific Assignments

Specific Assignment: _____

[] 1 Day [] 3 Days [] 5 Days [] 1 Week [] Other: _____

New Due Date: ____ / ____ / ____

Extended Assignment Policy and Procedure

As of _____, I agree to follow the terms outlined in the Extra Time on Specific Assignment Agreement Form. I, _____, understand that this form is on a per assignment basis and that for each assignment a new form must be completed to receive extra time on that assignment. I confirm that I have read and fully understand the conditions and procedures within the agreement.

Signature lines for Student, Professor, and Specialist, each with a corresponding Date line.

