



Bob Murphy Access Center (BMAC)

SPECIAL ADMISSIONS CONSIDERATION FORM

Date:

Check for **Fall** Admission

Check for **Spring** Admission

For which year?

Name:

CSULB Campus I.D.:

Cell Phone#:

E-mail:

High School of Graduation:

Date of Birth: / /

Enrollment Status:

Freshman

Transfer

Chosen Major:

Are you a Veteran of the U.S armed services?

Yes

No

Disability: (check all that apply)

Math- Specific Learning Disability

Dyslexia

Hearing Impairment

Reading-Specific Learning Disability

Autism Spectrum Disorder

Visual Impairment

Writing-Specific Learning Disability

Psychological/Psychiatric

Mobility Limitation

ADHD/ADD

Acquired Brain Injury

Other: _____

Communicative Disability

Other: _____

For Office Use Only:

SA Committee Comments:

Send To: Attention: Special Admissions Committee.

Bob Murphy Access Center
California State University, Long Beach.
1250 Bellflower Blvd. (SSC-110)
Long Beach, CA 90840
Phone: (562) 985-1875
Fax: (562) 985-4529
www.csulb.edu/bmac

Print and then mail or fax this completed form to the address listed above.

****DEADLINES for submission of this form are as follows:**

Fall Semester - February 1st

Spring Semester - September 1st