



COURT OF
**MASTER
SOMMELIERS**
Americas

CMS-A Accommodation Request Form - Disability or English as a Second Language (ESL) REQUEST FORM

***Note: Only candidates who require
additional examination time for ESL should use this form.***

Candidates who wish to request additional time for ESL should email this form to the Court of Master Sommeliers at requests@mastersommeliers.org. Please attach a letter (on official letterhead) from an instructor, employer, or professional that verifies English is your second language.

All requests will be reviewed by a third party before approval by Kathleen Lewis. Candidates must wait for confirmation of the approval before scheduling an examination. Review will take 5-7 business days. Candidates should email requests@mastersommeliers.org with questions about additional time.

Date:		
Last Name:		
First Name:		M.I.:
Address:		
City:	State:	Zip:
Daytime Telephone:		
Email address:		
Program / Examination name:		
Request for additional time for English as a second language:		

Other Request, if applicable:

Sample Letter:

[LOGO]

Date:

Re: [Applicant Name]

To whom it may concern:

This is to certify that the above-mentioned individual is currently employed/a student in our [company/program], [Name of company/program] since [date].

This letter is to confirm that in the case of the above-mentioned individual, English is not their primary language. Their primary language is [language name].

If you have any further questions, please feel free to contact me at [contact information: Email/Phone]

Sincerely,

[Signature of the Employer/Instructor/Professional required]

[Name of the Employer/Instructor/Professional]

[Title of Employer/Instructor/Professional]

[Company/School Name]