

ACCOMMODATIONS APPEAL FORM

A. STUDENT PLEASE COMPLETE

Name _____ Phone _____

Address _____

SS# _____

I am requesting, and have been denied, the following accommodation:

In the following course(s): _____

For the following semester:

Fall _____ Spring _____ Summer _____

Supporting documentation is _____ attached _____ on-file in DSP&S office

Student's signature

Date

B. DSP&S

The above student's request for accommodation appeal received on: Date _____

The following action was taken:

- | | |
|---|------------|
| <input type="checkbox"/> Fact-finding Team scheduled | Date _____ |
| <input type="checkbox"/> Written request to student for clarification/further documentation | Date _____ |
| <input type="checkbox"/> Written request to instructor | Date _____ |
| <input type="checkbox"/> Decision rendered and reported to student & instructor | Date _____ |

DSP&S Coordinator

Date