Accommodation Appeal Review Form

For a student to use when an accommodation request is not approved and you would like to have the decision reviewed.

Name: _________________________________________ Date: ______________________

Email: _________________________________________ Cell: _______________________

Accommodation requested:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Reason for requesting appeal: Reasonable accommodations are provided in order to allow for equal access and to ensure discrimination does not occur. Please describe specifically how access is impaired or lacking with your current accommodations. Attach additional documentation as needed.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

☐ Request Approved      ☐ Denied

☐ Approved with Modifications ☐ Additional documentation required

Basis for decision:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

ADA/504 Coordinator Signature             Date