



## Accommodation Denial Report Form

Wesleyan University is committed to supporting students in their academic and co-curricular endeavors, including ensuring access for students with disabilities. Students can contact Accessibility Services any time to request reasonable accommodations, modification, and/or auxiliary aids or services. For more information, please visit: <http://www.wesleyan.edu/studentaffairs/disabilities/Student/requesting.html>.

When a requested accommodation has been denied, or when an approved accommodation has not been provided, students have a right to report the incident using this form. For more information, please visit: <http://www.wesleyan.edu/studentaffairs/disabilities/Student/appeals.html>.

**Name:** \_\_\_\_\_ **Wes ID:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

*Additional information may be attached as needed.*

**Please provide information about the accommodation which was requested:**

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**Describe the incident or circumstances in which the accommodation was denied or not provided:**  
*(include the date of occurrence and individuals/offices involved)*

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**Explain how not being provided the accommodation has impacted access to, or full use and enjoyment of, education, housing, meals, and/or co-curricular activities at Wesleyan:**

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Please indicate a desired resolution:

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This form can be submitted to either:

- Accessibility Services
  - North College, Rooms 021/022, 860-685-5581
- The ADA/504 Compliance Officer in the Office for Equity & Inclusion
  - North College, Room 317, 860-685-3927

Student signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

<i>FOR OFFICE USE</i> <i>Additional information may be attached as needed</i>	
Received by: _____	Date received: _____
Reviewed by: _____	Date(s) reviewed: _____
Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Explanation of decision: _____ _____ _____ _____ _____	
Signature: _____	Date: _____
Student was notified of decision: <input type="checkbox"/> by phone <input type="checkbox"/> by email    Date: _____	
Additional resolution / contact notes: _____ _____ _____ _____ _____	