



Student Accommodation Request: Appeal Form

This form is to be used by a student who is appealing an accommodation request that was not approved upon initial submission. This written appeal is to be filed within 10 days of receipt of the original determination and submitted to the Vice Provost for Enrollment and Student Services/Section 504 Coordinator. The appeal will be reviewed by the Provost and the Associate Provost of Institutional Effectiveness & Assessment.

Student Name: _____ Date of Appeal: _____

Student Contact information:

Cell: _____

Email: _____

What is the accommodation(s) you are requesting?

State the basis for your appeal: Reasonable accommodations are provided in order to allow for equal access and non-discrimination in educational services, programming, activities and facility access. Please describe how your access is impaired or lacking based on the prior accommodation determination.

Provost Review

Select one of the following:

- Request approved
- Request approved with modifications
- Appeal denied
- Additional action required
- Other _____

Brief description of decision:

Provost Signature: _____ Date: _____

Student Acknowledgement: _____ Date: _____

Section 504 Coordinator Signature: _____ Date: _____