

**Appeal Review Form for  
Disability Accommodations or Modifications**

Students who seek to obtain a review of a decision denying or discontinuing an accommodation, academic adjustment or modification can appeal that determination and have the determination heard and reviewed by filling out this form.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

What is the modification or accommodation(s) you are requesting?

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What is the reason for requesting an 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 accommodation(s) or modification(s). Attach additional documentation as needed.

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**The below section is to be filled out by the Reviewing Officer**

Associate Provost Review Date: \_\_\_\_\_

\_\_\_\_ Request Approved

\_\_\_\_ Approved with  
Modifications

\_\_\_\_ Request Denied

\_\_\_\_ Additional documentation  
needed

**Basis for decision:**

[illegible]

Signature of Reviewing Officer:\_\_\_\_\_