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?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

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.
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

(Eff. Date - 1/31/2019)
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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Reviewing Officer:_____________________________________________