



Denial of Reasonable Accommodation Level One Complaint Form

Student Information

Student Name _____

Address _____

City, State Zip _____

Type of Accommodation Requested:

Date of Reasonable Accommodation Determination: _____

Statement of Appeal -Clearly state all grounds for appeal; attach additional sheets if necessary.

Additional Documentation-List all additional documentation you are including as part of this appeal. You do not have to resubmit any information already submitted to the Program Coordinator but may submit any additional information you want the ADA Coordinator to consider when making a decision.

Signature and Affirmation

I affirm that I have reviewed this accommodation appeal, that it is true to the best of my knowledge, information and belief and understand that submitting false information could constitute a violation of Glenville State College policies including but not limited to the Student Conduct Code.

Student's Signature

Date

Submit To:
Alecia Martin, LSW
Academic Success Counselor
Disability Services
Glenville State College
200 High Street
Glenville, WV 26351
Telephone: (304) 462-6051

Or:
Stacy Adkins
Director of Academic Success Center
Glenville State College
200 High Street
Glenville, WV 26351
Telephone: (304) 462-6054