



## Accommodation Appeal Review Form

This form is to be used when an accommodation request is not approved and you would like to have the decision reviewed.

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

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

Accommodation requested:

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Reason for requesting 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 accommodations. Attach additional documentation as needed.

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### Office Use Only:

Request Approved

Denied

Approved with Modifications

Additional documentation required

Basis for decision:

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Academic Success Center Director

\_\_\_\_\_  
Date