



ACCOMMODATION APPEAL FORM

Name: _____ Net ID: _____ Phone: _____ Date: _____

Accommodation(s) to be reviewed:

Reason for requesting appeal: (Please describe specifically how access is impaired or lacking with your current accommodations. Attach additional documentation as needed.)

Remedy Sought:

AS Director/Designee Review Date: _____

† Request Approved

† Approved with Modifications

† Denied

† Additional documentation required

Basis for decision:

AS DIRECTOR/DESIGNEE SIGNATURE

DATE