ACCOMMODATION RECONSIDERATION FORM

Date: _____ Student Name: _____

Phone: _____ Date of notification of accommodation decision: _____

Please describe the accommodation that was requested:

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 current accommodations. Attach additional documentation as needed.

What is your desired outcome?

Student Signature _____

Please submit form electronically or return the completed form to the Director of Student Success, Founders Hall, F-151A