Accommodation Appeal Review Form

This is an internal DRC form used when an accommodation request is not approved and a student would like to have the decision reviewed.

Name: ________________________________   Date:   _____________

Email: ________________________________   Cal Poly ID#: ________________

Phone #: ______________________________

What is the accommodation(s) you are requesting?

Functional limitations: An impairment/disability causes functional limitations that can require accommodation. Briefly describe the functional limitations the accommodation you are requesting will address and how the accommodation will minimize the limitation. (Please add an attachment if more room is needed)

Reasonable accommodations are provided in order to allow for equal access and to ensure discrimination does not occur. Please describe how not having the requested accommodation/s either inhibits equal access or is discriminatory.

Additional information you want us to consider:

For DRC Use Only Below This Line

Reviewed By:

___________________         ___________________         ___________________

□ Granted     □ Denied     □ Update VISA/ERIS if granted

□ Refer to Campus Appeal Process     □ Written Response to Student