

Accommodation Appeal Form

This is an internal DRC form used when a student is dissatisfied with an Access Specialist's (AS) response to an accommodation request. The DRC Director will review and evaluate the Accommodation Appeal Form and supporting documentation, if any, and make a determination within ten (10) working days of receiving the appeal.

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 <input type="checkbox"/>	Denied <input type="checkbox"/>
<ul style="list-style-type: none">Updated accommodations <input type="checkbox"/>	<ul style="list-style-type: none">Written response to student <input type="checkbox"/>Student chooses to submit additional documentation <input type="checkbox"/>Student chooses to pursue appeal/ grievance information is provided to student <input type="checkbox"/>

Notes: