



Student Appeal Request

Disability Services Office

Date

I, _____ am filing this appeal regarding the failure to receive the
Student Name

Requested accommodation for _____ (Course) with

Professor Name

Attached are the documents provided to DSO for requesting the accommodations:

Listed below are parties consulted regarding gaining accommodations:

- ___ Professor
- ___ Department Chair
- ___ Academic Dean
- ___ CAPS / Other Clinician
- ___ Other

After discussion with the parties involved and a careful review of the denial reasons presented, I am appealing on the basis of:

Student Signature

Date