

Student Appeals Request Disability Services Office

Disability Services Office Dr. Vivienne McClendon (707) 654-1283

Date		
Student Name	Course	Professor Name
The above named student has a documen this appeal regarding the failure to receiv		file in the Disability Services Office. (S)he is filing ecommodations:
Describe the reasons given by the professor	for not granting th	ne accommodations:
List parties consulted regarding gaining accomprofessor Department Chair Academic Dean	ommodations:	
After discussion with the parties involved at Services Office recommends the following:	nd a careful review	of the issues presented, the Director of The Disability
CSU Legal Counsel (where needed)	 Directo	r Disability Services Office
Disability Compliance Officer	Depart	ment Chair
Academic Dean	Student	(FORM 108)