ACADEMIC ACCOMMODATIONS APPEAL FORM
FOR STUDENTS WITH DISABILITIES

Student Name: __________________________________   Student #________________

Telephone #____________________________

1. Identify the reason for your appeal (check one)
   a. Accommodation not approved by The Accessibility Office.
   b. Accommodation denied by Instructor.

2. Describe why you are filing this appeal.
   a. Be specific regarding the accommodation, the course, and Instructor (if applicable).
   b. Continue on the other side if needed.
   c. State why you believe your appeal should be approved.

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Read and sign the following statement before your appeal can be considered:

I give my permission to the BCCC Accessibility Office to share a summary of any relevant documentation of my disability with the Accommodations Appeals Committee and the Assistant Dean for Student Planning in order to consider my appeal. This release will expire when my appeal is decided. I understand that any false statements on my part may be sufficient for dismissal of my appeal.

Student’s signature: __________________________________   Date: ________________

Dec 2014