

Appeal for Denial of Academic Accommodations

The Accessibility Office

Section I: Student Information (Please type information or print legibly)Student Name: _____
Last First Middle

Student ID: _____ Bucks Email: _____

Cell Phone: _____ Home Phone: _____

Section II: Identify the reason for your appeal (check one) Accommodation not approved by the Accessibility Office Accommodation denied by Instructor

Section III: Specific Course and Semester Information (check one)Academic Year: _____
 Fall Winter Spring
 Summer I Summer II Summer IIICourses for indicated semester: **Please include course and section numbers** (Example: MATH 095-N10)#1 _____ #5 _____
#2 _____ #6 _____
#3 _____ #7 _____
#4 _____ #8 _____

Section IV: Appeal Narrative

Please describe why you are filing this appeal. It is important for the student to be specific regarding the accommodation, the course, and Instructor (if applicable). If you need more space, please continue writing on a separate sheet and attached to this form when it is submitted. **It is important for the student to state why they believe the appeal should be approved.**

Please continue on a separate page if necessary.

Section V: Release of Information

Please indicate below the documentation, files and forms that you would like released as part of your appeal process.

Documentation Categories:	
	Documentation from high school or Previous College/University attended (Example: IEP, Re-evaluation Report, 504 Plan, Accommodation Letter)
	Medical Documentation (Example: Physician Letter, Verification Form, Audiology Report)
	Psychological Documentation (Example: Psychiatrist Letter, Verification Form, Psycho-educational Evaluation)
	Accessibility Office Communications with the Student
	Accessibility Office Forms
	Other (Please specify):

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

- I give my permission to the Bucks County Community College 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 is in addition to the requested documentation listed in Section V of this form.
- 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.

I have read and understand the above information:

Student Signature

Date

Bucks County Community College does not discriminate in its educational programs, activities or employment practices based on race, color, national origin, sex, sexual orientation, disability, age, religion, ancestry, veteran status, union membership, or any other legally protected category.