

This form must be completed, signed, and submitted to the Americans with Disabilities Act (ADA) Coordinator, together with documentation of the disability, which may be educational verification by a licensed/credentialed professional with specific test scores and a description of educational functional limitations in the academic area under discussion and/or medical verification by a licensed professional. The student may ask the _____ for assistance in determining whether to submit educational verification, medical verification, or both.

Name: _____

Student ID: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Course for which accommodation was requested: _____

Accommodation that was requested and denied: _____

Why do you feel that denial of your request was inappropriate?

Student Signature: _____ Date: _____

To be completed by Course Accommodation Grievance

