

Academic Accommodation/Service Review Request Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_ Student I.D. # \_\_\_\_\_

Pursuant to the University's policy on Section 504/ADA Student Grievance Procedures, this form is for use in requesting that the Director of CSD review the denial of a requested academic accommodation or service (other than a course substitution). This form may also be used to request a review of a decision not to certify a disability. **In order to have a decision reviewed, the student must submit this form, complete with all required information, to the Director of CSD within 30 days following the date of the denial of the requested accommodation (or certification).** For detailed information, including procedures for other types of disability-related grievances, please review the University's grievance policy.

Type of Grievance (check one):

\_\_\_\_\_ Request to review requested academic accommodations, services, or modifications to University academic practices or requirement(s).

\_\_\_\_\_ Request to review decision regarding certification of an alleged disability.

Please explain, in detail, why you believe you have been denied an academic accommodation, service or modification as required by law. It is important to be specific with regard to any facts or policies supporting your position, including specific dates, names and numbers of courses and instructors, and the names of any other persons with information relevant to your grievance.

In addition, please specifically identify what remedy or resolution that you are seeking.

Furthermore, please describe any actions that you have taken to the resolve the issue informally, prior to initiating the formal grievance process. *Please note that an effort to resolve a grievance informally is required by University policy.*

You may use the space below and on the back of this form, or you may attach a written statement providing the required information. In addition, please be sure to sign the form and attach any documents in your possession pertaining to your request. If you require any accommodation in completing this form, please contact CSD staff.

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