

10851 West 120th Avenue
Broomfield, CO 80021
Phone: (800) 888-3995
www.redstone.edu

APPEALING STUDENT (please print)

Name _____ Start Date (Month/Year) _____
Street Address _____ Program _____
City, State, Zip _____

I am appealing the decision dated _____ of the College Accommodation Committee. I am attaching the decision to this appeal. I received the decision of the College Accommodation Committee on _____ [date].

Appeals must be submitted to the Campus Disabilities Coordinator no later than five (5) days after receipt of the College Accommodation Committee's written decision. Appeals submitted after this time may be rejected as untimely.

I am appealing the College Accommodation Committee's decision because (check all that apply):

- The Committee granted me an accommodation(s), but not the accommodation(s) I requested.
- The Committee granted me the requested accommodation(s), but not all of the accommodations I requested.
- The Committee decided to grant me no accommodation.
- The Committee concluded I do not have a qualifying disability under the governing law.
- The Committee concluded my submitted documentation was insufficient.
- Other (Explain in the space provided below):

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I believe the College Accommodation Committee's decision is in error for the following reasons (attach additional paper if more space is needed):

By signing this form, I confirm the information I provide is true and correct to the best of my personal knowledge. I acknowledge that, if requested by the College Accommodation Appellate Officer, the College Accommodation Committee will forward any requested documentation or information regarding my disability or my Request for Accommodation to the College Accommodation Appellate Officer. I understand that the release I signed with my Request for Accommodation remains in effect.

STUDENT SIGNATURE

DATE