

# Accommodations Appeal

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

Program: (circle one) PsyD                      MA                      MA/ABA

Reason for Appeal:

- I understand that Vice President of Services & Operations, ADA Compliance Officer/Section 504 Coordinator, Tami Jacobs, will need to access my accommodations file in order to make a decision on my appeal
- Depending on the appeal request, I understand that Vice President Tami Jacobs may bring in a second person (the Program Director of my program, the professor of my class, the Director of Facilities) in order to assess the appeal

Appeals will be decided upon within ten business (10) days. Vice President Tami Jacobs understands the support accommodations provide and will work to make a decision as quickly as possible.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date