

## Accommodation Appeal Form

1. If a student asks for an additional accommodation that a) SSU does not currently offer or b) the Disability Management Advisor has determined not reasonable or appropriate, the student can appeal the decision through the accommodations appeal process.
2. Students with questions or concerns about accommodations must inform Disability Services for Students as soon as they become aware of the problem. They should discuss the issue with their Disability Management Advisor in order to explore together possibilities and solutions.
3. If the student and the Disability Management Advisor are unable to agree on the issue or the student would like to appeal a Disability Management Advisor's decision to deny an accommodation, students may complete the Accommodation Appeal Form, describing the request or challenge. If additional documentation is required to support the request, it is the student's responsibility to provide it. The review will not progress without full documentation, if it is not clearly evident why the requested accommodation is necessary due to the functional limitations associated with the student's disability.
4. The Accommodation Appeal Form is forwarded to the Disability Services for Students Director. The Director will evaluate the matter and make appropriate recommendations within ten (10) working days of receiving the appeal.
5. Disagreements will be resolved as quickly as possible. During the process, current accommodations as determined by the Disability Management Advisor will continue to be in effect in order to provide access during the appeals process.
6. Students who are dissatisfied with the Disability Services for Students Director's recommendation may direct their concerns to the Vice President of Student Affairs.



1801 East Cotati Avenue  
Rohnert Park, CA 94928-3609

DISABILITY SERVICES FOR STUDENTS

*Division of Student Affairs*

707.664.2677 • Fax 707-664.3330 • Dial 711 for Relay  
www.sonoma.edu/dss

## Accommodation Appeal Form (cont.)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Seawolf ID: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_@sonoma.edu

Address: \_\_\_\_\_

What is the accommodation decision that you are appealing? \_\_\_\_\_

Specifically describe how your access to the University has been denied or impaired by the decision not to provide your requested accommodation?

Please describe the steps you have already taken to discuss this issue with your Disability Management Advisor in order to explore together possibilities and solutions.

What is the solution you are seeking? \_\_\_\_\_

**FOR DSS OFFICE USE ONLY**

- Request approved
- Request approved with modifications
- Additional information is required
- Denied

Rationale for decision:

DSS Director / Date

THE CALIFORNIA STATE UNIVERSITY