Accommodation Appeal Review Process

*As part of the California State University (CSU) system, Stanislaus State is committed to ensuring equitable access to educational opportunities to qualified students with disabilities. In both practice and policy, Stanislaus State adheres to the requirements of the Americans with Disabilities Act of 1990, as amended 2008 (ADAAA); Sections 504 and 508 of the Rehabilitation Act of 1973, as amended; and all other federal and state laws and regulations prohibiting discrimination on the basis of disability. To meet these regulations and statutes, the CSU system established the Policy for the Provision of Accommodations and Support Services to Students with Disabilities and Executive Order 926: The California State University Policy on Disability Support and Accommodations.*

Stanislaus State’s Accommodation Appeal Review Process may be initiated when a student is dissatisfied with a Disability Advisor’s (DA) response to an accommodation request. In conjunction with the accommodation appeal review, students shall notify Disability Resource Services (DRS) of concerns as soon as possible. Students shall work collaboratively with DRS to explore possible resolutions. A student must complete and file an Accommodation Appeal form and submit it and all supporting documentation with the Office of Disability Resource Services. Documentation may include medical records that clearly support the requested accommodation as necessary due to the functional limitations associated with the student’s disability.

The DRS Director will review and evaluate the Accommodation Appeal Form and supporting documentation, if any, and make a determination within ten (10) working days of receiving the appeal.

Current accommodations as determined by the DA will continue to be in effect, in order to provide access during the appeal review process, with any additional issues to be resolved as quickly as possible.

Students who are dissatisfied with the Disability Resource Services Director’s recommendation may file a Grievance. (See **Grievance Procedures for Disability Resource Services**.)

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Accommodation Appeal Form

Date:

Student Name:       Student ID Number:

Email Address:       Phone:

What is the accommodation(s) you are requesting?

*Functional limitations*: *An impairment/disability causes functional limitations that can require accommodations.* Describe the functional limitations the accommodation(s) you are requesting will address and how the accommodation(s) will minimize the limitations. (Attach additional pages, if needed.)

What was the Disability Advisor’s response to your request?

*Reasonable accommodations are provided in order to allow for equal access and to ensure discrimination does not occur*. Please 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 Advisor.

**Please attach additional support documentation to this form, if any.**

| FOR DSS OFFICE USE ONLY:  Request approved  Request approved with modifications  Additional information is required  Denied  Rationale for decision:    DSS Director / Date: |
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