

Accommodation Appeal Review Form

This is an internal DRC form used when an accommodation request is not approved and a student would like to have the decision reviewed.

Name: _____

Date: _____

Email: _____

Cal Poly ID#: _____

Phone #: _____

What is the accommodation(s) you are requesting?

Functional limitations: An impairment/disability causes functional limitations that can require accommodation. Briefly describe the functional limitations the accommodation you are requesting will address and how the accommodation will minimize the limitation. *(Please add an attachment if more room is needed)*

Reasonable accommodations are provided in order to allow for equal access and to ensure discrimination does not occur. Please describe how not having the requested accommodation/s either inhibits equal access or is discriminatory.

Additional information you want us to consider:

For DRC Use Only Below This Line

Reviewed By:

Granted

Denied

Update VISA/ERIS if granted



Refer to Campus Appeal Process

Written Response to Student