Wheaton College Accommodation Appeal Review Form

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

Name:_________________________________________ Date:____________________

Email:________________________________ WID:________________ Phone #:____________________

What are the accommodation(s) you are requesting?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Reason for requesting appeal: Reasonable accommodations are provided in order to allow for equal access and to ensure discrimination does not occur. Please describe specifically how access is impaired or lacking with your current accommodations. Attach additional documentation as needed.
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

ADA/504 Coordinator Review Date:____________________________________________________

○ Request Approved
○ Approved with Modifications
○ Denied
○ Additional documentation required

Basis for decision:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Student Signature acknowledging receipt of decision:____________________________________

ADA/504 Coordinator Signature:____________________________________________________