



DISABILITY ACCOMMODATION APPEAL REQUEST FORM

Students who wish to formally appeal an accommodation decision by the university must submit (or postmark) this form to Disability Services within seven (7) days after receiving their accommodation decision, and include a letter of appeal as described in the Appeals Process document available online or upon request. Information missing from this form may delay the appeal process therefore students are asked to fill out the form as completely and accurately as possible. Together, these documents may be submitted in one of the following ways:

- Email, to disabilityservices@salve.edu;
- Regular mail, to Disability Services, 100 Ochre Point Ave., Newport RI 02840;
- Fax, at 401-341-2912; or
- In person, to Disability Services (McKillop Library 2nd floor).

If it is determined that the letter and this form satisfy one or more of the criteria below, the Housing Accommodation Appeals Committee will convene and the appeal will be reviewed. Please note that a re-review does not guarantee a reversal of the original decision. If a student's appeal does not meet the criteria below, or the student does not appeal within seven days, the appeal will not be decided upon by the Housing Accommodation Appeals Committee and the student will forfeit his/her right to an appeal.

The purpose of the appeal is not to provide a second review of the case but rather to assure that disability related processes have been accurately and fairly followed by the university professionals with the expertise and judgment to make accommodation decisions in accordance with the Americans with Disability Act (ADA), and Section 504 of the Rehabilitation Act; and who have been entrusted with this responsibility by Salve Regina University. The Accommodation Appeals Committee will not meet with the student or his or her family, or its representative.

Part A. Basic Information

Name: _____ Date: _____

Email address: _____ Cell (or commonly used phone): _____

Salve ID: _____ Date of notification of accommodation decision: _____

Name of person who made the accommodation decision (signed your letter): _____

Part B. Accommodation(s) requested in the original request (check all that apply):

- ☐ Single room ☐ Double room ☐ Triple or quad(+) ☐ Specific residence hall: _____
- ☐ Disability-related room characteristics requested (e.g. room size, 1st floor, proximity to bathroom, bottom bunk. etc.): _____
- _____
- ☐ Room modification (e.g. A/C, extra fridge): _____
- ☐ Meal plan modification: _____
- ☐ Academic accommodation(s): _____
- _____
- ☐ Other accommodation: _____
- _____

Part C: Accommodation(s) denied *(Please attach a copy of the accommodation decision letter)*

☐ All the above ☐ Specific accommodation(s) listed above: _____

Part D: Appeals (Informal and Formal)

Informal Appeal:

Have you informally discussed your concerns with the Disability Services office? ☐ Yes ☐ No

If you have discussed your concerns, what was the outcome of that discussion? _____

Was an alternative to your requested accommodation offered to you as a means of granting you equal access?

☐ No ☐ Yes If Yes, what was this alternative? _____

Assuming this alternative was not acceptable to you, please describe why you believe the alternative is not sufficient:

Formal Appeal:

Reason(s) you believe a formal appeal by the Housing Accommodations Review Committee is warranted (check all that apply):

1. There was a procedural error by the Housing Accommodations Review Committee office during the accommodations review process that significantly impacted the outcome of the decision. Please describe, as concretely and specifically as possible, the nature of that procedural error. Attach any relevant supportive documentation (use additional paper if needed).

2. There is new information available that did not exist at the time of the initial request that has the potential to alter the outcome of the accommodation decision (Note: information available at the time of the initial review that was voluntarily withheld from the original request does not constitute “new” information). Please describe this new information and attach supportive documentation (required) from a certifying professional (use additional paper if needed).

3. There is evidence of bias on the part of the Housing Accommodations Review Committee that rendered them unable to consider my accommodation request objectively and completely. Please describe this evidence as concretely and specifically as possible. Attach any relevant supportive documentation (use additional paper if needed).

Part E. Letter of Appeal. In the *student's* own words, please attach a statement that describes your reason(s) for appealing the accommodation decision. You must explain why you meet the criteria to appeal as well as include any relevant information that you feel is important for the committee to know that may not have been included in this Appeal Form.

Checklist:

- ☐ The Appeal Form is filled out in entirety;
- ☐ All required documents are attached (accommodations decision letter; certifying professionals' supportive documentation for new information; other relevant information supporting your request for appeal);
- ☐ Letter of appeal is attached.

Note: The decision of the Housing Accommodations Appeals Committee is final and will not be subject to further review by the University.
