



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 at the Academic Center for Excellence (McKillop Library 2nd floor).

If the Director of the Academic Center for Excellence or his/her designee determines that the letter and this form satisfy one or more of the criteria below, he/she will convene the Accommodation Appeals Committee, and the appeal will be reviewed by this committee. 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 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 that explained the reason(s) for the accommodation decision.)*

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 Accommodations Appeal Committee is warranted (check all that apply):

1. There was a procedural error by the Disability Services 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 person who made the accommodation decision that rendered him/her 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 Accommodation Appeals Committee is final and will not be subject to further review by the University.

Official Use Only (Do not write below this line):

Part E. Decision to grant formal appeal:

One or more appeal criteria have been met and a formal appeal will take place (describe): _____

The criteria for granting an appeal have not been met and a meeting of the Accommodation Appeal Committee will not occur. The original decision will stand.

Date that the student was notified of this decision: _____

Part F: Actions of the Accommodation Appeal Committee

Date of Accommodation Appeal Committee meeting: _____

Names of committee members in attendance and their positions at the University:

	<u>Name</u>	<u>Position</u>
1.	Chairperson: _____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Decision of the Accommodation Appeal Committee:

- Request approved (original decision overturned)
- Request approved with modifications: _____
- Request denied (original decision stands)
- Additional documentation required

Basis for decision: _____

_____ Date submitted to the Director of the Academic Center for Excellence & Disability Services (or her designee). If a designee, who was it? _____

_____ Date student was notified of the outcome of the appeal (attach a copy to this record).