



Office of Accessibility  
Simmons Hall 105  
Akron, Ohio 44325-6213  
(330) 972-7928  
TTY (330) 972-5764

## Determination of Reasonable Accommodations Appeal Form

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Currently Approved Accommodation(s): \_\_\_\_\_

Course or courses for which accommodation is being appealed: (include course number and instructor name)

\_\_\_\_\_

What accommodations are you requesting? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you believe your requested accommodations are appropriate? (Use additional paper if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any information that would support your request. (Use additional paper if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you be interested in a 30 minute meeting with an Office of Accessibility representative? Yes \_\_\_ or  
No \_\_\_.

If you are interested in a meeting, you will be contacted to schedule this meeting in receipt of your appeal form. Please be sure your contact information is complete and indicate where you can be reached by phone, TTY or e-mail between 8:00 a.m. and 5:00 p.m. Monday through Friday.