

**NORTH DAKOTA STATE UNIVERSITY
DISABILITY SERVICES REASONABLE ACCOMMODATION APPEAL FORM**

Please complete this form to summarize the accommodation you are appealing. Return this form to the Director of the Center for Accessibility and Disability, Main Library, Lower Level, Suite 17, NDSU, Fargo, ND 58108 ndsu.cadr@ndsu.edu.

Name: _____ ~~ÁÚč á^} óÖÁ~~

Today's Date: _____ Phone: _____

Address: _____

E-mail: _____

Name of the CADR Accessibility Specialist _____

Date when the accommodation was denied : _____

Please describe the accommodation(s) that was granted or denied.(Attach additional sheets if necessary): You may attach other pages as needed to describe the problem clearly and completely.

Please describe why you believe the decision was incorrect. (Attach additional sheets if necessary):

What steps have you taken to resolve the disagreement with the denial of an accommodation decision.

What resolution are you seeking?

Important: If you do not receive an email confirmation from Disability Services within 24 hours from the time you submitted this form online, please contact Mark Coppin at mark.coppin@ndsu.edu or 701-231-7198.