

NORTH DAKOTA STATE UNIVERSITY
Center for Accessibility and Disability Resources 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 or email it to molly.mckinnon@ndsu.edu.

Name: _____ 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?