

Accommodation Appeal Review Process

*As part of the California State University (CSU) system, Fresno State is committed to ensuring equitable access to educational opportunities to qualified students with disabilities. In both practice and policy, Fresno State adheres to the requirements of the Americans with Disabilities Act of 1990, as amended in 2008 (ADAAA); Sections 504 and 508 of the Rehabilitation Act of 1973, as amended; and all other federal and state laws and regulations prohibiting discrimination on the basis of disability. To meet these regulations and statutes, the CSU system established the **Policy for the Provision of Accommodations and Support Services to Students with Disabilities** and **Executive Order 1111: The California State University Policy on Disability Support and Accommodations**.*

Fresno State's Accommodation Appeal Review Process may be initiated when a student is dissatisfied with an Access Specialist's response to an accommodation request. In conjunction with the accommodation appeal review, students shall notify Services for Students with Disabilities (SSD) of concerns as soon as possible. Students shall work collaboratively with SSD to explore possible resolutions. A student must complete and file an Accommodation Appeal form and submit it and all supporting documentation with the Office of Services for Students with Disabilities. Documentation may include medical records that clearly support the requested accommodation as necessary due to the functional limitations associated with the student's disability.

The SSD Director will review and evaluate the Accommodation Appeal Form and supporting documentation, if any, and make a determination within ten (10) working days of receiving the appeal.

Current accommodations, as determined by the Access Specialist, will continue to be in effect in order to provide access during the appeal review process, with any additional issues to be resolved as quickly as possible.

*Students who are dissatisfied with the Services for Students with Disabilities Director's recommendation may file a Grievance. (See **Grievance Procedures for Services for Students with Disabilities**.)*

Date:

Student ID Number:

Student Name:

Phone:

Email Address:

What are the accommodations you are requesting?

Functional Limitations: An impairment or disability may cause functional limitations that require accommodations.

Describe the functional limitations the accommodations you are requesting will address, and how the accommodations will minimize those limitations. (Additional space provided on the last page).

What was the Access Specialist's Response to your request?

Reasonable accommodations are provided to allow for equal access and to ensure discrimination does not occur.

Describe how your access to the University has been denied or impaired by the decision not to provide your requested accommodations.

Describe the steps you have already taken to discuss this issue with your Access Specialist.

Attach any supporting documentation when submitting this form.

For SSD Office Use Only:

Request approved

Request approved with modifications

Additional information is required

Denied

Rationale for the decision:

SSD Director:

Date:



This section is for any additional information you would like to provide.