



APPEAL REQUEST FORM

Students who wish to formally appeal an accommodation decision by Coe College must submit this form to Accessibility Services within 2 weeks (14 days) of receiving their accommodation decision. 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. This form may be submitted:

- Via email to accessibility@coe.edu
- By fax at 319-399-8300
- In person to the Lower Level of Stewart Memorial Library

If it is determined that the appeal satisfies one or more of the criteria below, the Dean of Students will review the appeal. Please note that a review does not guarantee a reversal of the original decision. If a student’s appeal does not meet the criteria below, or the student does not appeal within two weeks (14 days), the appeal may not be determined by the Dean of Students and the College may dismiss the appeal. Students may attach necessary documentation or additional pages of information, if needed.

I am appealing the decision of Accessibility Services because (check all that apply)

- There were procedural errors, which had a material impact on the outcome; and/or
- The Accessibility Services Coordinator had a conflict of interest or bias that rendered them unable to consider my accommodation request objectively.

Explain:

If you are providing new information to be reviewed, please initiate a new accommodation request with the Accessibility Services Office.

INFORMATION FOR APPEAL

Name _____

ID Number _____

Coe email _____

Date of original decision _____



COE COLLEGE

Original Accommodation(s) Request:

Accommodation(s) Denied:

Did you discuss your concerns with Accessibility Services? If yes, what was the outcome?

Did Accessibility Services offer a reasonable alternative in order to facilitate equal access?

If offered an alternative accommodation, please explain why this is not sufficient:

DISCLOSURE

I acknowledge that the purpose of the appeal is to ensure that accessibility processes and policies have been accurately and equitably followed by 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 asked to represent Coe College in matters relating to educational access.

I authorize the Dean of Students to review my file, medical documentation, and other protected information that may be pertinent to my request and/or appeal.

Student Signature

Date

Received by

Date