



APPEAL of ACCOMMODATIONS

The purpose of this form is to appeal the final decision of the Disability Services Coordinator to the EEO/AA Coordinator. Please complete/return this *APPEAL OF ACCOMMODATION DECISION* to:

College Affirmative Action Officer
Des Moines Area Community College
c/o Bldg. 6 - Room #10E
2006 South Ankeny Blvd.
Ankeny, IA 50023-3993

General Information

_____	_____
[Today's Date]	[DMACC ID#]
_____	_____
[Applicant's Name]	[Applicant's Address]
_____	_____
[City, State, Zip]	[Phone Number]
_____	_____
[Program of Study]	[Date Entering Program]

[Campus]	

Appeal Information:

I disagree with the decision of the Disability Services Coordinator for the following reasons: _____

I request that the Disability Services Coordinator's decision be changed as follows: _____

Please attach:

1. **Original Application**
2. **Disability Services Coordinator's Final Decision**
3. **Additional documents or information you believe supports your appeal.**

Please review Procedure ES 4610 for a full description of the application, evaluation, and appeal process associated with reasonable accommodation of applicant for admission or student with a disability.

[Signature]