TTUHSC EL PASO
Texas Tech University Health Sciences Center El Paso

ACADEMIC PROGRAM ELECTRONIC AND INFORMATION RESOURCE (EIR)
Accessibility Exception Request

1. Requester Information *

Requester Name:	**Job Title:**	**Date:**

Email:	**Phone: ( )**

Office Address:	**City:**	**State:**	**ZIP:**

Program or Division:	**EIR Owner:**

2. Description of Inaccessible EIR

EIR Title:

EIR Description (if applicable, include URL address or location of hardware or office equipment)**:**

EIR Type:

☐ Web page　　　☐ Electronic document (PDF, MS Word, PPT, etc.)　　　☐ Electronic form
☐ Software application　　　☐ Multimedia or video content　　　☐ IT hardware or office equipment
☐ Other (Describe):

EIR Status:

☐ Under development. Enter planned completion date:
☐ Under revision.
☐ Completed.
☐ Acquired or procured from third party (Name of agency or third party:　　　)

The usage scope for this EIR is (check all that apply)**:**

☐ Public facing, high traffic　　　☐ Public facing, moderate traffic
☐ Internal use, high number of users　　　☐ Internal use, low number of users
☐ Mission critical for service delivery　　　☐ Required to perform an essential job function
☐ Used in staff development or training
☐ Other (Describe):

3. Justification for Exception

Select the reason(s) for requesting this exception (check all that apply)**:**

☐ Cost prohibitive　　　☐ Underlying EIR technology platform not accessible
☐ Adequate skilled resources unavailable　　　☐ Large programming impact
☐ Nearing end of life cycle　　　☐ Marketplace exception
☐ Other (Describe):

(Question 3, "Justification for Exception," continued on next page.)

* Course Director and above

3. Justification for Exception (Question 3 continued from previous page.)

Provide supporting information to justify this request:

Date of Accessibility Evaluation:

Estimated cost of bringing the EIR into compliance (development cost, time, etc.)**:**

☐ No estimate done. Explain:

Planned Accessibility Compliance date:

☐ No date is planned. Explain:

Other relevant information:

4. Alternative Compliance Methods

Describe the alternative means of access, including time and expense to implement:

5. Recommendations

Prog Dir:	☐ N/A	☐ Approve ☐ Deny	Signature: _____	Date:
Dean:	☐ N/A	☐ Approve ☐ Deny	Signature: _____	Date:
VPAA:	☐ N/A	☐ Approve ☐ Deny	Signature: _____	Date:
Legal:	☐ N/A	☐ Approve ☐ Deny	Signature: _____	Date:
Acc Coord:		☐ Approve ☐ Deny	Signature: _____	Date:

6. TTUHSC El Paso President

This exception request is: ☐ Approved   ☐ Denied

Comments:

Duration of Exception Granted: ☐ 3 mo. ☐ 6 mo. ☐ 12 mo. ☐ 24 mo. ☐ Other (specify):

Signature:	**Date:**

For questions or assistance completing this form, contact the TTUHSC El Paso Office of Academic Affairs.