APPEALS FORM

Use this form to appeal a decision made by the Disability Support Service office (DSS)

For Texas Tech University Health Sciences Center El Paso students only

Name: ______________________________  Date: ___________________________

R# ________________________________  School (circle one): PLFSOM  GGHSON  GSBS

Date of receipt of Letter of Accommodations from the DSS Director: ____________________________

Note- Appeals must be made within 20 days after the receipt of Letter of Accommodations

Reason for Appeal (attach additional paper as needed):

________________________________________
Student Signature               Date

________________________________________
Assistant Vice President for Student Services               Date