



## APPEALS FORM

Use this form to appeal a decision made by Accessibility Services

For Texas Tech University Health Sciences Center El Paso students only

Name: \_\_\_\_\_ Date: \_\_\_\_\_

R# \_\_\_\_\_ School (circle one): PLFSOM GGHSN FGSBS WLHSDM

Date of receipt of Letter of Accommodations from the Manager of Accessibility Services: \_\_\_\_\_

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

