



## ACCOMMODATIONS APPEAL FORM

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ STUDENT #: \_\_\_\_\_

CPTC STUDENT EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_  
(Day, Time, Number)

*The college expects the student to address any concern by first meeting with the college employee(s) whose actions resulted in the concern, discussing the issue, and documenting the discussion with notes. This form should be filled out and delivered to the Office of the Vice President of Student Services for the purpose of reviewing the issue and receiving advice on how and where to proceed.*

**DESCRIPTION OF CONCERN:**

(attach additional sheets if necessary)

**PREVIOUS STEPS TAKEN TO RESOLVE THE ISSUE:**

**RESOLUTION SOUGHT:**

Student Signature \_\_\_\_\_

Person Receiving Form \_\_\_\_\_ Date \_\_\_\_\_

Copy Distribution:      Originator  
                                  Dean / Supervisor  
                                  Instructor / Employee