DISABILITY RESOURCES DECISION APPEAL FORM

University of Southern Indiana - Appeal & Formal Review

I. STUDENT INFORMATION

Full Name

Student ID #

USI Email Address

Phone Number

Date Submitted

II. APPEAL DETAILS

Decision or Action Being Appealed:

☐ Eligibility for Services☐ Specific Academic Accommodation☐ Housing Accommodation☐ Other: _____

Date of Original Decision

Description of the Issue:

III. INFORMAL RESOLUTION

Attempted to resolve with staff or supervisor?

☐ Yes☐ No

Informal Resolution Summary:

IV. REQUESTED OUTCOME

What specific remedy or modification are you seeking?

Student Signature

Date

SUBMISSION INSTRUCTIONS

Please submit this completed form directly to the Assistant Provost

Email: **jhardgrave@usi.edu**