

GOLDEN GATE UNIVERSITY

DISABILITY SERVICES PROGRAM – APPEAL AND GRIEVANCE FORM

Name: _____	GGU ID/SSN: _____
Street Address: _____	Work Phone #: _____
City/State/Zip: _____	Work Phone #: _____

This Appeal/Grievance is being filed based on the following decisions: (Check One)

- Eligibility decisions made by the Disability Services Coordinator for students seeking accommodations for Physical, Psychological or Temporary Disabilities.

- Eligibility decisions made by the Learning Disability Consultant.

- Decisions made by the Disability Services Coordinator to determine appropriateness of academic accommodations. OR

- Decisions made by the Disability Services Coordinator to deny services to a student for abuse of services provided by Disability Services.

- Other (Please Specify)

Additional Supporting Documentation:

(Documents other than the Students Type Written Statement)

I understand the Disability Services Appeals and Grievance Policy and will adhere to its guidelines and procedures.

Student Signature

Date

Office Use Only:

Date Received: _____ On: _____	Hearing Convened
Summary of Decision: _____ _____ _____	
Signature Of Committee Chair	