



SIMMONS COLLEGE

DISABILITY SERVICES

ACADEMIC SUPPORT CENTER, SUITE P304
300 The Fenway · Boston, Massachusetts 02115.5898
phone: 617.521.2473 fax: 617.521.3079

APPEAL AND GRIEVANCE FORM

SECTION ONE

Name: _____	Simmons ID: _____
Street Address: _____	Home Phone: _____
City/State/Zip: _____	Work Phone: _____

SECTION TWO

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, Learning or Temporary Disabilities. OR
- Decisions made by the Disability Services Coordinator to determine appropriateness of academic accommodations. OR
- Decisions made by a faculty member not to provide approved accommodation services to a student as indicated on the official Student Academic Accommodation Request. OR
- Other (Please Specify)

SECTION THREE

Additional Supporting Documentation: _____
(Documents other than the Students _____
Typewritten Statement) _____

SECTION FOUR

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: _____ Hearing Convened On: _____

Summary of Decision: _____

Signature Of Committee Chair: _____ Date: _____