South Campus Room 206

Appendix A: Formal Student Academic Accommodation Appeal Form

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Please Print		
Last Name	First Name	Student Number
I am appealing the academ	ic accommodation because:	
☐ The accom	with the academic accommodations l modations listed on my Academic Ac red in the classroom/lab/field placem	ccommodation Plan are not being
Please identify the parties	nvolved:	
☐ Counsellor☐ Instructor:		
☐ Course Co	de:	
Please provide the details	of your appeal:	
Date://		
	the Student Services Director.	
abarron@stclaircollege.ca		