

Student Disability Appeal Request



**Marshall B.
KETCHUM UNIVERSITY**
Enrollment and Student Services

MBKU determines reasonable accommodations through an interactive process that includes Student Disability Services (SDS), appropriate members of the University, and the student who is requesting accommodations. Applicants or students who are dissatisfied with the determination made by SDS concerning accommodations and/or removal of barriers can appeal the decision. Before proceeding to the appeal process, applicants and students are encouraged to discuss their concerns with the Associate Vice President for Student Services. Problems may occur simply because of a misunderstanding or miscommunication and clarification through a personal one-on-one discussion can often lead to resolution. If the problem involves another University employee or student, the Associate Vice President for Student Services can also work with you to address that issue.

MBKU expects that you will bring up any concerns promptly. Students and applicants will not be subject to retaliation. Students and applicants who believe they have been subjected to retaliation should refer to MBKU's Unlawful Harassment Statement and follow the MBKU Student Complaint Process. This information is located in the MBKU Student Handbook published on the University website.

Applicants or students who wish to file an appeal of their accommodations or accommodation request must submit an appeal in writing using this form. The Vice President for Human Resources, who serves as the University's ADA compliance officer, will decide the appeal. The VP for HR will review this form along with the disability paperwork and interview the applicant or student to discuss the applicant or student's appeal. The VP for HR may request additional documentation from the student or applicant.

The decision of the Vice President for Human Resources will be final.

STUDENT DISABILITY APPEAL FORM

Student Name: _____ Student ID #: _____

Program: _____ Class Year: _____

Email: _____ Cell: _____

Type of Disability: _____



**DISABILITY
SERVICES**

Student Name: _____ Student ID #: _____

Because of the following situation or condition, this appeal is hereby lodged with the Vice President for Human Resources.
The details of my complaint are as follows:

STUDENT SIGNATURE

DATE

Received by the VP for HR: _____

Investigation Initiated: _____

Response sent to Student: _____



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