

# **REQUEST FOR RECONSIDERATION**

*During The Accommodation Process*

If you want to appeal the accommodations that you will receive through the Disabilities Services, please complete this “**Request for Reconsideration**” form, print a copy for your records and submit the form along with any additional documentation within 30 days of the “**Service Request Appointment**” to the address below.

Date: \_\_\_\_\_

Request for Services Date: \_\_\_\_\_

Name: \_\_\_\_\_

Original Documentation Presented: \_\_\_\_\_

Student # \_\_\_\_\_

Date: \_\_\_\_\_

Telephone \_\_\_\_\_

Additional Documentation Presented: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

What action do you want to see taken based on the additional information/documentation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

(for Office Use Only)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Ferris State Universtiy  
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