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www.fhtc.edu

3301 WEST 18TH AVENUE | EMPORIA, KANSAS 66801

APPEAL OF DENIAL OF REASONABLE ACCOMMODATION REQUEST

Applicant Name: _____ Date: _____
Last First mm/dd/yyyy

Program of Study: _____

Date of denial of reasonable accommodation request: _____

Accommodation that was denied (what was requested?): _____

Reason for appeal:

Additional supporting information: Yes No (If yes, attach copies of further medical or supporting information.)

Alternative accommodation requested: Yes No

Applicant Signature: _____ Date: _____
By checking this box you have created an electronic signature as legally binding as your hand-written signature. mm/dd/yyyy

* Send appeal to the Vice President of Student Services *

Flint Hills Technical College

3301 West 18th Avenue, Emporia, KS 66801

(Attach a copy of original request and denial.)

FHTC OFFICE USE ONLY:

In order to provide the student with special educational services designed to help him/her be more successful in college, we require a verification of the student's disability. Please provide the following information:

APPROVED

DENIED

ALTERNATIVE ACCOMMODATION

Comments:

Signature: _____
By checking this box you have created an electronic signature as legally binding as your hand-written signature.

Date received: _____

Date of decision: _____