

CLARKSON COLLEGE PETITION TO APPEAL ACCOMMODATIONS DECISION

Your Name: Address: Phone number at which you can be reached:	Student ID Number: Program: Person(s) whom you are petitioning: Accommodations Committee
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You must attach documentation for the following:

- A. State the decision that you want to appeal.**
- B. Describe your extenuating circumstances that justify reconsideration and attached any supporting documentation.**
- C. Summarize the outcome you would like to see result from this appeal.**

Petitioner's Signature _____ **Date** _____

Decision: **Approved** **Alternative** **Not Approved** **Need More Information**

Comments:

Signature of person being petitioned: _____

Date: _____

Form Received by Accommodations Coordinator: Date:	Form Sent to Accommodations Committee: Date:	Accommodations Committee Decision sent to Petitioner: Date:
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11/29/2021