



## Reasonable Accommodation Appeal Form

### Instructions

This form is used by students, employees and departments appealing a final determination of the Resource Center for Persons with Disabilities (RCPD) to grant or deny an accommodation. Appeals must be filed within thirty (30) calendar days of RCPD's final determination. Appeals may be filed with:

The Office of the ADA Coordinator  
Office of Institutional Equity  
4 Olds Hall · 408 West Circle Drive · East Lansing, MI · 48824  
Facsimile: (517) 884-8513 · Email: [oie@msu.edu](mailto:oie@msu.edu)

Date: \_\_\_\_\_ Name of Individual filing Appeal: \_\_\_\_\_

Appeal by: (Please check one) Student  Employee  Department

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

RCPD Specialist (if known): \_\_\_\_\_

SEAD or VISA # (if known): \_\_\_\_\_

Date of RCPD Final Determination: \_\_\_\_\_

Appealed to RCPD Director: (Please check one) Yes  No

### Student Appeals (To be completed by students appealing a final determination)

Class: \_\_\_\_\_

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

Instructor Email: \_\_\_\_\_ Instructor Phone Number: \_\_\_\_\_

### Employee Appeals (To be completed by employees appealing a final determination)

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

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

Supervisor Email: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_

Office of Institutional Equity  
4 Olds Hall · 408 West Circle Drive · East Lansing, MI · 48824  
Telephone: (517) 353-3922 · Facsimile: (517) 884-8513  
Email: [oie@msu.edu](mailto:oie@msu.edu) · Web: <http://oie.msu.edu/>



## Reasonable Accommodation Appeal Form

**Department Appeals**  
**(To be completed by departments appealing a final determination)**

Department Name: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Supervisor Email: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_

**Please describe the accommodation(s) that was granted or denied  
(Attach additional sheets if necessary):**

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

**Please describe why you believe RCPD's decision was incorrect  
(Attach additional sheets if necessary):**

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

**Acknowledgement: To be signed by Students and Employees  
appealing a final determination**

I understand that I may have rights to relief under state and federal laws, and filing this appeal does not necessarily enlarge the time within which I must file a complaint with the agencies or courts that enforce those laws. I also understand that if I am a member of a collective bargaining unit, I may have rights to grieve this action, and filing this appeal does not substitute for that process or enlarge the time available for filing a grievance.

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**



## Reasonable Accommodation Appeal Form

**Disposition: To be completed by OIE**

**Appeal of Final RCPD Determination: Affirmed  Reversed**   
**Remanded to RCPD for clarification or modification**

**Comments:**

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\_\_\_\_\_  
**Signature Office of the ADA Coordinator**

\_\_\_\_\_  
**Date**