

MiraCosta College
Course Accommodation Grievance Form

This form must be completed, signed, and submitted to the Americans with Disabilities Act (ADA) Coordinator, together with documentation of the disability, which may be educational verification by a licensed/credentialed professional with specific test scores and a description of educational functional limitations in the academic area under discussion and/or medical verification by a licensed professional. The student may ask the **SAS Counselor** for assistance in determining whether to submit educational verification, medical verification, or both.

Name: _____

Student ID: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Course for which accommodation was requested: _____

Accommodation that was requested and denied: _____

Why do you feel that denial of your request was inappropriate?

Student Signature: _____ Date: _____

To be completed by Course Accommodation Grievance Committee (CAGC):

Approve course accommodation? ___ yes ___ no

Comments: _____

Signatures of the CAGC:

Department Chair: _____ Date: _____

Faculty from different department: _____ Date: _____

504 Coordinator: _____ Date: _____

Student Representative: _____ Date: _____