

Accessibility Exception Request

1. Requester Information *

Requester Name:		Job Title:		Date:	
Email:			Phone: ()		
Office Address:		City:	State:	ZIP:	
Program or Division:			EIR Owner:		

2. Description of Inaccessible EIR

EIR Title:

EIR Description (if applicable, include URL address or location of hardware or office equipment):

EIR Type:

☐ Web page
 ☐ Electronic document (PDF, MS Word, PPT, etc.)
 ☐ Electronic form
☐ Software application
 ☐ Multimedia or video content
 ☐ IT hardware or office equipment
☐ Other (Describe):

EIR Status:

☐ Under development. Enter planned completion date:
☐ Under revision.
☐ Completed.
☐ Acquired or procured from third party (Name of agency or third party:)

The usage scope for this EIR is (check all that apply):

☐ Public facing, high traffic
 ☐ Public facing, moderate traffic
☐ Internal use, high number of users
 ☐ Internal use, low number of users
☐ Mission critical for service delivery
 ☐ Required to perform an essential job function
☐ Used in staff development or training
☐ Other (Describe):

3. Justification for Exception

Select the reason(s) for requesting this exception (check all that apply):

☐ Cost prohibitive
 ☐ Underlying EIR technology platform not accessible
☐ Adequate skilled resources unavailable
 ☐ Large programming impact
☐ Nearing end of life cycle
 ☐ Marketplace exception
☐ Other (Describe):

(Question 3, "Justification for Exception," continued on next page.)

* Course Director and above

3. Justification for Exception (Question 3 continued from previous page.)

Provide supporting information to justify this request:

Date of Accessibility Evaluation:

Estimated cost of bringing the EIR into compliance (development cost, time, etc.):

☐ No estimate done. Explain:

Planned Accessibility Compliance date:

☐ No date is planned. Explain:

Other relevant information:

4. Alternative Compliance Methods

Describe the alternative means of access, including time and expense to implement:

5. Recommendations

Prog Dir:	<input type="checkbox"/> N/A	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	Signature: _____	Date: _____
Dean:	<input type="checkbox"/> N/A	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	Signature: _____	Date: _____
VPAA:	<input type="checkbox"/> N/A	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	Signature: _____	Date: _____
Legal:	<input type="checkbox"/> N/A	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	Signature: _____	Date: _____
Acc Coord:		<input type="checkbox"/> Approve <input type="checkbox"/> Deny	Signature: _____	Date: _____

6. TTUHSC El Paso President

This exception request is: ☐ Approved ☐ Denied

Comments:

Duration of Exception Granted: ☐ 3 mo. ☐ 6 mo. ☐ 12 mo. ☐ 24 mo. ☐ Other (specify): _____

Signature:

Date:

For questions or assistance completing this form, contact the TTUHSC El Paso Office of Academic Affairs.