



APPEALS FORM

Use this form to appeal a decision made by the Disability Support Service office (DSS)

For Texas Tech University Health Sciences Center El Paso students only

Name: _____

Date: _____

R# _____

School (circle one): PLFSOM GGHSON GSBS

Date of receipt of Letter of Accommodations from the DSS Director: _____

Note- Appeals must be made within 20 days after the receipt of Letter of Accommodations

Reason for Appeal (attach additional paper as needed):

Student Signature

Date

Assistant Vice President for Student Services

Date