



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™  
EL PASO  
*Accessibility Services*

## **APPEALS FORM**

Use this form to appeal a decision made by Accessibility Services

For Texas Tech University Health Sciences Center El Paso students only

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

Date: \_\_\_\_\_

R# \_\_\_\_\_

School: PLFSOM GGHSON FGSBS WLHSDM

Date of receipt of Letter of Accommodations from the Manager of Accessibility & Student Advocacy:

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

Reason for Appeal (attach additional paper as needed):

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Student Signature

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Date

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Assistant Vice President for  
Student Services and Student Engagement

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Date