

**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: \_\_\_\_\_