# 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 DSP&S specialist 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: ____________

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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: __________