

**REQUEST** 

## ACCESSIBILITY APPEAL

620.343.4600 | 800.711.6947 | FAX: 620.343.4610

www.fhtc.edu

3301 WEST 18TH AVENUE | EMPORIA, KANSAS 66801

## **APPEAL OF DENIAL For REASONABLE ACCOMMODATION**

Applicant Name:		Date:
Last	First	mm/dd/yyyy
Program of Study:		
Date of denial of reas	onable accommodation request:	
Accommodation that	was denied (what was requested?):	
Reason for appeal:		
Additional supporting	g information: Yes No (If yes, attach copies of further medical or supporting information.)	
Alternative accommo	dation requested: Yes No	
Applicant Signature:_	By checking this box you have created an electronic signatureas legally binding as your hand-written signature.	Date:
* Send appeal to	the Dean of Enrollment Management*	mm/dd/yyyy
Flint Hills Technical C	ollege	
3301 West 18th Aven	ue, Emporia, KS 66801	
(Attach a copy of orig	ginal request and denial.)	
	FHTC OFFICE USE ONLY:	
In order to provide the student with special educational services designed to help him/her be more successful in college, we require a verification of the students disability. Please provide the following information:		
APPROVED		
DENIED		
ALERNATIVE	EACCOMMODATION	
Comments:		
By cl Signature: bind	necking this box you have created an electronic signatureas legally ling as your hand-written signature.	
Date received: _	Date of decision:	