



## OFFICE OF DISABILITY SERVICES & RESOURCES

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### Course Substitution Appeal Provision

<b>NAME:</b>	<b>A#</b>
<b>Address:</b>	<b>Email:</b>
	<b>Phone:</b>

Please list specific facts and grounds which form the basis for your appeal regarding the denial of your course substitution request. (Use back or additional pages if needed.)

Use this space to list any other information that you feel may be relevant to this appeal. Attach a copy of any documentation that is referenced.