

SFSS ACCESSIBILITY GRANT APPEAL FORM

1. APPLICANT INFORMATION

First Name

Last Name

Student Number

Telephone

Email

I am an undergraduate
student at SFU

Yes

No

2. DESCRIPTION OF EVALUATION ERROR

Please describe the error you feel was committed in evaluating your application.

*Please note that the SFSS requires at least 10 calendar days (excluding submission and event day) to process Accessibility Grant requests.
Please refer to the SFSS Accessibility Granting Guidelines for more information.*

Submit

