

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.*

FOR OFFICE USE ONLY

PROCESSING TIMELINE

Date received by Accessibility Designated Assistant	
Date submitted to Accessibility Committee	
Date reviewed by Accessibility Committee	

DECISION

- Original decision overturned
- Original decision sustained

ACCESSIBILITY COMMITTEE CHAIR

Name

Signature

Date

ADDITIONAL NOTES: