SFSS Accessibility Grant Appeal Form

# Applicant Information

Name:

Student Number:

Telephone:

Email:

Please indicate that you have attached your original application:
[ ]

# Change to Application

Please detail the changes you would like to make to your application.

Please note that the SFSS requires at least 3 working days (excluding submission and event day) to process Accessibility Appeals. Please refer to the [SFSS Accessibility Granting Guidelines](https://sfss.ca/wp-content/uploads/2021/05/SFSS-Accessibility-Grant-Guidelines-Apr-13-2021.pdf) for more information.

# For Office Use Only

## Processing Timeline

|  |  |
| --- | --- |
| Date received by Accessibility Designated Assistant |  |
| Date reviewed by Accessibility Designated Assistant |  |

## Decision

[ ]  Original decision overturned

[ ]  Original decision sustained

## Accessibility Designated Assistant

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Name |  | Signature |  |  | Date |

## Additional Notes: