SFSS Accessibility Grant Appeal Form

# Applicant Information

Name:

Student Number:

Telephone:

Email:

Have you attached your original application?  
☐ Yes ☐ No

# Change to Application

Please provide the details about the changes you would like to make to your application in the space below.

Please note that the SFSS requires at least 3 working days to process Accessibility Appeals. This does not include the day the appeal is submitted and the day of the event. 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: