

SFSS ACCESSIBILITY GRANT APPEAL FORM

1. APPLICANT INFORMATION

Name:

Student Number:

Telephone:

Email:

Please indicate that you have attached your original application:

2. 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](#) 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: