



500 Kennedy Drive  
Rangely, CO 81648

2801 West Ninth  
Craig, CO 81625

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## DISABILITY SERVICES APPEAL FORM

**Note:** No appeal shall be considered or processed unless it is submitted within 20 school days after the occurrence. If you need additional room to write, please attach additional sheets as needed

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Campus: Rangely \_\_\_\_\_ Craig \_\_\_\_\_ CCCOnline \_\_\_\_\_ Meeker \_\_\_\_\_ South Routt \_\_\_\_\_

Reason for Appeal: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Decision by ADA Coordinator: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
ADA Coordinator Signature

\_\_\_\_\_  
Date

2) Decision by Dean of Academic of Support: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Dean of Academic Support Signature

\_\_\_\_\_  
Date

3) Decision by Vice President of Instruction: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Vice President of Instruction Signature

\_\_\_\_\_  
Date

