

OBERLIN

COLLEGE & CONSERVATORY

Housing & Dining Appeal Form

Name: _____

Obie ID (T-Number) : _____

Email: _____

Cell : _____

Additional Information may be attached as needed.

Please indicate the reason for your appeal*:

- Procedural error(s) made in consideration of the request
- The Housing Accommodation Review Committee improperly or unfairly reviewed the original request

*Understand that, if you have **new** information that was unavailable at the time of the original request, please submit it to the Office for Disability & Access for a re-review of your request. An appeal would not be appropriate in this case. For more information, please contact the Office for Disability & Access at ODA@oberlin.edu.

What specific Housing or Dining Accommodation are you requesting?

Did the Office for Disability & Access provide you with a written denial letter?

- Yes: If yes, what was the date of the letter? _____
- No

If you received written notice of denial, what was the reason cited in the letter for that denial?

Did the Office of Disability & Access letter provide a reasonable alternative?

Yes: If yes, see below

No

If yes, please describe the offered alternative:

Describe, in your own words, the circumstances in which the accommodation was denied or not provided.

Please explain how not receiving this specific accommodation has impacted housing/dining access at Oberlin College & Conservatory.

Please indicate a desired resolution:

Student Signature: _____ **Today's Date:** _____

This form can be submitted to the Center for Intercultural Engagement at CIE@oberlin.edu

For CIE Staff Use Only

Additional information may be attached as needed

Received By: _____ **Date Received:** _____

Reviewed By: _____ **Date(s) Reviewed:** _____

Decision: **Approved** **Denied**

Explanation of Decision:

Signature: _____ **Date:** _____

Student was notified of decision:

By Phone **By Email** **Date:** _____

Additional Resolution/Contact Notes: