

# Request for Administrative Appeal - Special Accommodations

Date: [Insert Date]

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]

[University Name]  
[Office of Student Affairs/Disability Services]  
[University Address]  
[City, State, Zip Code]

Dear [Recipient's Name or Office],

I hope this letter finds you well. My name is [Your Name], and I am currently a [Your Year, e.g., sophomore] studying [Your Major] at [University Name]. I am writing to formally appeal the decision regarding my request for special accommodations related to [briefly explain the nature of your condition or situation].

On [date of original request], I submitted a request for accommodations including [list specific accommodations requested]. However, I received a notification on [date of denial] stating that my request was [briefly explain the denial reason]. I believe this decision does not take into account [provide your reasons or additional information supporting your case].

I have attached relevant documentation from [mention any healthcare providers, assessments, etc.] which supports my need for these accommodations. My intention is to ensure that I can fully participate in my academic program without barriers.

I kindly request a review of my situation and reconsideration of the accommodations requested. I am more than willing to provide any additional information or meet to discuss this matter further at your earliest convenience.

Thank you for your attention to this important matter. I look forward to your prompt response.

Sincerely,  
[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Student ID Number]