



TTUHSC EL PASO

Texas Tech University Health Sciences Center El Paso

STUDENT SERVICES AND STUDENT ENGAGEMENT

Accessibility Services

Attachment E

HSCEP OP 77.14

[March 15, 2024]

APPEALS FORM

Use this form to appeal a decision made by Accessibility Services.

Name: _____

Date: _____

R# _____

School: _____

Date of receipt of Letter of Accommodations from the Accessibility Services Manager:

Note: Appeals must be made within 20 days after the receipt of the Letter of Accommodations

Reason for Appeal (attach additional paper as needed):

Student Signature

Date

Assistant Vice President for Student Services

Date