

Office of AccessAbility Services

Request for Reconsideration

For students who would like to request reconsideration, you have the right to submit a Request for Reconsideration.

This is an interactive process between the student and OAS to gather and evaluate additional relevant information related to your concern. Please note that a mere disagreement with an OAS decision is unlikely to result in a different decision.

Please indicate your Request for Reconsideration by completing the information below. Note: if you feel that providing a written statement does not allow you to express yourself clearly and completely, please contact OAS directly. We will be glad to meet and talk through this information directly with you.

| | | |
|--------------------|------------------------------------|-----------------|
| Name: | Legal Name <i>(if different)</i> : | |
| Student ID Number: | Date of Birth: | |
| Gender Identity: | Preferred Pronouns: | |
| Mailing Address: | | |
| <i>City</i> | <i>State</i> | <i>Zip Code</i> |
| Phone Number: | | |
| Email Address: | @student.goodwin.edu | |

Please include a personal statement. In one page or less, please share what accommodation/service you would like to be re-reviewed, and how it addresses the functional impact(s) you are experiencing related to your disability.