



**DETERMINATION**

Your request of \_\_\_\_\_ for an accommodation has been:  
mo/dy/yr

Approved ACCOMMODATION(S) PROVIDED:

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

Disapproved REASON(S) DENIED:

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

Approved with Modification

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

Approved for Trial Period from \_\_\_\_\_ to \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed by \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

If you disagree with the Department's determination, you may present additional information to the Department within ten (10) business days of the date that this determination is made to further substantiate your request.

Please call \_\_\_\_\_ at \_\_\_\_\_ or \_\_\_\_\_  
(RA Coordinator) (telephone/ext.)  
\_\_\_\_\_ if you have any questions about the  
(e-mail address)  
above decision.

Authorized by: \_\_\_\_\_ Date \_\_\_\_\_  
(printed name)

Signature \_\_\_\_\_