

Candidate Appeal Form

You may appeal an accommodations decision if any or all of your requested accommodations were not approved. Complete the information below and sign the release statement at the end of the section. Appeal requests are generally more effective if they include 1) a reason for appeal, and 2) additional documentation beyond what was included with the original request.

SECTION 1: CANDIDATE'S IDENTIFYING INFORMATION: To be completed by Candidate.
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First Name: _____ Last Name: _____

Account #: _____ Date of Birth: _____ / _____ / _____ Age: _____

Address: _____

City: _____ State/Province/Territory: _____ ZIP/Postal Code: _____

Phone Number: (_____) _____ - _____ Email: _____

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SECTION 3: REQUESTED ACCOMMODATIONS: To be completed by Candidate in consultation with professional diagnostician(s).

Please indicate the accommodations you are requesting, and provide a rationale for each:

Accommodation: _____

Rationale: _____

Accommodation: _____

Rationale: _____

Accommodation: _____

Rationale: _____

Accommodation: _____

Rationale: _____

SECTION 3: To be completed by professional diagnostician(s).

Supporting documentation must be attached to this request form. Additional documentation should be provided if possible to support the appeal – documentation must include a rationale for the need for the accommodations. Appeal requests are generally more effective if they include 1) a reason for appeal, and 2) additional documentation beyond what was included with the original request.

Name of Diagnosing Professional: _____

Highest Degree and Area of Specialization: _____

License Number: _____ Expiration Date: _____ / _____ / _____ Issuing State/Province/Territory: _____

Phone Number: (_____) _____ - _____ Email: _____

Diagnosing Professional's Signature: _____ Date: _____

Completed Candidate Appeal Forms may be scanned and email to comp@appraisalinstitute.org

Or faxed to: (312) 335-4283.

Questions? Email us: comp@appraisalinstitute.org