

Appeal for MCAT® Exam Accommodations

Instructions:

(Please note: This application should be completed by the examinee.)

If your request for accommodations was not approved and you have **no** additional documentation to submit, you have the option of requesting a re-review of your application through the Appeal process. Please be advised that you may appeal your accommodations decision only once. The outcome of your Appeal is final and no additional Appeal requests will be considered. However, if you have additional documentation to provide, such as new test results, you may request a re-review of your application through the Reconsideration process. For privacy and security reasons, Appeals will not be accepted via fax.

Effective March 13, 2020, the MCAT Accommodation Services staff is under mandatory telework until further notice. Consequently, we will be unable to receive mailed-in documentation(s) submitted via mail at this time.

To submit an Appeal, please follow the steps below:

- 1) Complete the Appeal application form.
- 2) Email the completed Appeal application form to the following email address:

MCAT_Accoms_Docs@aamc.org

Appeals may, at the discretion of the Director of Accommodations Review, be forwarded to an external reviewer with expertise in the area of your impairment. Your information will be kept strictly confidential. We do not release the name or contact information of the external reviewer.

You will be informed in writing when we receive your Appeal application. Please remember that it may take up to 30 days to review your request. Once your review has been completed, you will receive notification of the determination in writing.

Appeal Form

Please type or clearly print responses to the following:

1. Name: _____

2. AAMC ID: _____

3. Address: _____

4. City, State, Zip: _____

5. Telephone Number: _____

6. E-mail address: _____

7. Nature of your impairment (check all that apply):

_____ Learning Disability

_____ ADHD

_____ Psychiatric Disorder (e.g., depression, anxiety)

_____ Physical Disability (e.g., chronic medical condition)

_____ Sensory Disability (e.g., hearing impairment, visual impairment)

_____ Acquired Brain Injury (e.g., post concussive syndrome)

_____ Other (e.g., pregnancy)

8. Which accommodations would you like to be considered through the Appeal process?

9. Please explain your reason(s) for seeking an Appeal. For example, you may feel as though some of the information in your documentation was misinterpreted.

MCAT Accommodation Services

Name of Applicant: _____

Signature: _____

Date: _____