

# STUDENT SUPPORT SERVICES

## Service Request

❖ Only students with documented disabilities qualify for these services. Please do not complete this form if do not have a documentation on file in our department.

Semester: **FALL**      **SPRING**      **SUMMER**      Date \_\_\_\_\_

Name \_\_\_\_\_ Classification    FR    SO    JU    SR

Address or GSW Box \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### Service Requested:

( ) **Note-taker**

Course Name & Number \_\_\_\_\_

Instructor's Name \_\_\_\_\_ Class/Time \_\_\_\_\_

Course Name & Number \_\_\_\_\_

Instructor's Name \_\_\_\_\_ Class/Time \_\_\_\_\_

Course Name & Number \_\_\_\_\_

Instructor's Name \_\_\_\_\_ Class/Time \_\_\_\_\_

( ) **Reader**

Course Name & Number \_\_\_\_\_

Instructor's Name \_\_\_\_\_ Class/Time \_\_\_\_\_

Course Name & Number \_\_\_\_\_

Instructor's Name \_\_\_\_\_ Class/Time \_\_\_\_\_

**Scribe**

Course Name & Number \_\_\_\_\_

Instructor's Name \_\_\_\_\_ Class/Time \_\_\_\_\_

Course Name & Number \_\_\_\_\_

Instructor's Name \_\_\_\_\_ Class/Time \_\_\_\_\_

**Assistant (Lab or Research)**

Course Name & Number \_\_\_\_\_

Instructor's Name \_\_\_\_\_ Class/Time \_\_\_\_\_

Course Name & Number \_\_\_\_\_

Instructor's Name \_\_\_\_\_ Class/Time \_\_\_\_\_

Comments



**Department Use**

Student Assigned \_\_\_\_\_

Service  Note-taker       Scribe       Reader       Assistant

Student Assigned \_\_\_\_\_

Service  Note-taker       Scribe       Reader       Assistant

Student Assigned \_\_\_\_\_

Service  Note-taker       Scribe       Reader       Assistant