



Office for Students with Disabilities Request for Note Taking Services

Student
Name

Date of
Request

Term Year:

Fall **April 1st**

NOTE →

Spring **December 1st**

ID #

DEADLINES

Summer **March 1st**

**Completion of this form in its entirety is the only means by which to request a note-taker.
Include only those courses for which you require a note taker.**

Course Prefix/ Number/Section	Course Title	Day/Time	Instructor's Name / Classroom	Approved by OSWD Counselor
<i>Example:</i> GSR 300/05	Artistic Struggles & the Existential Experience	M, W, F 8:00 – 9:30	Flynn/SAC 1220	

OWSD will make all reasonable efforts to fulfill your note-taking services request. However, requests that are submitted after the deadline may result in a delay. Should a note taker not be identified, the following procedures will be followed to support the OSWD student during the interim: the student's instructors shall be asked to provide the student with accommodations that serve the same purpose, namely lecture notes, power-point presentations, and/or additional reading materials. Additionally, OSWD students are encouraged to meet with faculty during office hours for individualize assistance.

Agreement between
OSWD and Student Requesting Note-Taking Services
Please read and initial each paragraph of the agreement.

_____ I understand and agree that failure to submit a fully completed Request for Note Taking Services form on or before the stated deadline may result in a delay with regard to receiving a note-taker.

_____ I understand and agree that if I must miss class I shall inform my note-taker and OSWD 24 hours in advance and that it is only then that the absence will be considered "excused".

_____ I understand and agree that if I accumulate three or more unexcused absences from one class, note-taking services for that class may be terminated.

_____ I understand and agree that my note-taker is to deliver notes to me within 24 hours of the end of class and that it is my responsibility to notify the note-taker if I have not received the notes within this time period.

_____ I understand and agree that if I change my schedule in any way that affects the information contained on the front side of the form (e.g., section #, time of class) that it is my responsibility to notify OSWD's note-taking services program coordinator.

_____ I understand and agree that if there is a problem with my notes or the conduct of my note-taker(s) I am to report the matter in a timely manner to the OSWD's note-taking services program coordinator who will then meet with me and the note-taker to resolve the matter.

_____ I understand and agree that in some instances, despite exercising all reasonable efforts, OSWD may not be able to secure a note-taker for one or more of my courses. In this instance, I acknowledge and agree that other accommodations that my instructors should provide, which serve the same purpose include: providing Power Point presentation(s), providing lecture notes, providing additional reading materials (hand-outs), and/or providing additional information via Bb9.

Student Name

Student ID Number

Student Signature

Date