



Summer     Fall     Spring    Year \_\_\_\_\_

Department of Equity and Accommodations

### Request for Note Taking Services (Please print legibly)

#### Student Information

Student Name: \_\_\_\_\_ BU ID # \_\_\_\_\_  
Last name First name

Contact Info: \_\_\_\_\_ @huskies.bloomu.edu  
Phone Email

#### Note Taking Support Process

Students that are determined to be eligible for the Note Taking Accommodation **must** complete this form and return it to our office as soon as possible. All eligible students must submit one form for **each** class which a note taker is needed. **ONLY completed and submitted forms will be processed.** All efforts will be made to fulfill the request in a timely manner.

#### Course Information (Please print legibly)

Professor / Instructor: \_\_\_\_\_  
Last Name First Name

Dept: \_\_\_\_\_ Course: \_\_\_\_\_  
Complete course name as listed on your schedule – e.g. BIOLOGY 173 – ANATOMY PHYSIOL 1

#### TO BE COMPLETED BY THE PROFESSOR / INSTRUCTOR

What is provided to support students learning in the classroom? (Check all that apply)

- PowerPoints     Handouts     Lecture Notes     Guided Notes
- Study Guides     Videos     Group Activities     Other \_\_\_\_\_

What materials are provided digitally that can be referenced outside the classroom? (Check all that apply)

- PowerPoints     Handouts     Lecture Notes     Guided Notes
- Study Guides     Videos     Group Activities     Other \_\_\_\_\_

Other student support available

- Classroom Assistant     Department sponsored study groups     Other \_\_\_\_\_

#### TO BE SIGNED BY THE PROFESSOR/INSTRUCTOR AND THE STUDENT

My signature below signifies the information above is correct. I may be granted note taking support services based on my needs determined by the documentation submitted to the Department of Equity and Accommodations and the information provided above by the professor/instructor.

Professor/Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_