



REQUEST FOR NOTE-TAKING SERVICES

First & Last name: _____

TU Email Address: _____

Preferred contact phone: _____

Class: _____ (anticipated graduation year)

Program (please check one):

What subject(s) do you need notes for:

- COM MSMHS - COM
- COP MSMHS - COP
- PA/MPH GSOE
- MPH NURSING

1. _____
2. _____
3. _____
4. _____

Have you received note taking services before? Yes No

If yes, where was this service provided? _____ When: _____

Reason: _____

Were you satisfied with the notes taken? Yes No

Why or why not: _____

Student Services Use Only: Approved Denied By: _____ Date: _____

Note Taker: _____

Course: _____

Tutor Coordinator: _____

(*Please return completed form to the Academic Support Office- Wilderman #205)