REAL-TIME CAPTIONING & INTERPRETING SERVICES REQUEST
STUDENT CLASS SCHEDULE

Name:_____   Today's Date:_____

Address: _____   Semester: _____Year: _____

City: _____Zip: _____   Student ID #: _____

Phone: _____ ☐ Home ☐ Cell   Check one: ☐ New Semester Schedule

Do you have texting capability?   ☐ Yes   ☐ No   ☐ Change in Schedule

Email Address: _____   FAX #: _____

4-Digit Section # / Course Title	Lecture / Lab / Activity	Unit(s)	Day(s)	Time	Room	Instructor
Example: #3027 / ENGL 1A	Lecture	3	M W F	10:00-11	HU201	Mahoney

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00					
8:30					
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
12:00					
12:30					
1:00					
1:30					
2:00					
2:30					
3:00					
3:30					
EVENING HOURS NEEDED:					