

HOBART AND WILLIAM SMITH COLLEGES
CENTER FOR TEACHING AND LEARNING

REQUEST FOR NOTES

TODAY'S DATE: _____

- *You must write legibly and complete all specific information below before CTL will process this form. Please return this form to THE CTL.*

Name: _____

E-MAIL @hws.edu: _____

Campus Phone: _____ (Answering Machine: Y N)

Cell Phone: _____ (Voice Mail: Y N)

Year (circle one): FY SOPH JR SR College Hobart WS

- **DIRECTIONS:** Please write the courses for which you require notes. The CTL will write a letter for you to present to your faculty. Please review the Note-taking Services Policy and Contract.

➤ **Courses for Which You Need Note-takers**

1. Course Title _____

Specific Course Abbreviation & Section _____ - _____

Instructor _____

2. Course Title _____

Specific Course Abbreviation & Section _____ - _____

Instructor _____

3. Course Title _____

Specific Course Abbreviation & Section _____ - _____

Instructor _____

4. Course Title _____

Specific Course Abbreviation & Section _____ - _____

Instructor _____