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 ___________________________________________________________

CTL Uses ONLY @hws.edu email accounts for correspondence.