

INTERPRETING REQUEST FORM

Disabled Student Services

Phone: (406) 994-2824

I, _____, am requesting interpreting services for _____ semester 20_____.

Name of Course: _____

Professor _____

Day(s) of the week: ___M ___T ___W ___TH ___F

Time: From _____ To _____

Office Use Only

Interpreter assigned: _____ Date: _____

Letter to professor(s): _____ Date: _____

• _____
Name of Course: _____

Professor _____

Day(s) of the week: ___M ___T ___W ___TH ___F

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Office Use Only

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Name of Course: _____

Professor _____

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Time: From _____ To _____

Office Use Only

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Letter to professor(s): _____ Date: _____

The above is my class schedule. If there are any changes to this schedule, I will notify DSS immediately.

Signature: _____ **Date:** _____