INTERPRETING REQUEST FORM

I am requesting interpreting services for ____________ semester 200__. 

Name of Course: ____________________________________________________________
Day(s) of the week: ____M_____T_____W______TH_______F
Time: From ______________ To________________

DSS office only:
Staff Member: ___________________________ Date: ______________
Interpreter assigned: ___________________________ Date: ______________
Letter to professor(s): ___________________________ Date: ______________

Name of Course: ____________________________________________________________
Day(s) of the week: ____M_____T_____W______TH_______F
Time: From ______________ To________________

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Interpreter assigned: ___________________________ Date: ______________
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: _____________________