## The City College of New York

## **Division of Student Affairs**

Willie Administration Building, The City College of New York 160 Convent Avenue New York, NY 10031 (212) 650-5426 AccessAbility Center/Student Disability Services North Academic Center, Room 1/218

New York, New York 10031

Voice: 212-650-5913 Fax: 212-650-5772

TTY/TTD: 212-650-8441

Email: Notetaking@ccny.cuny.edu

## NOTE-TAKING REQUEST FORM

| Student's Name:   | Date:   |  |  |
|---|---|--|--|
| Phone#:   | EMPLID:   |  |  |
| Email:  |   |  |  |
| Services (AAC/SDS) studen<br>staff. Please be aware of AA   | vices are provided to registered AccessAbility Center/Student Disability ts, who have been granted this as an accommodation by the AAC/SDS C/SDS' note-taking guidelines to ensure timely and efficient provision of es that were provided during your intake session).   |  |  |
| or  2. Ask your inst approach a peer in th (*If you select to fin AAC/SDS promptly HR paperwork.) | C/SDS staff make an anonymous classroom announcement for a note-taker ructor to make an announcement on your behalf, or e classroom and ask him/her if he/she is comfortable doing so.*  d your own note-takers, it is important that they come to the typically within 24 hours—to complete all needed AAC/SDS and all classes for which you are requesting note-taking services |  |  |
| Course 1  |   |  |  |
| Class Title:  | Course Number and Section:  |  |  |
| Instructor:   | *e.g. BIO 4 9 5 6 0 - 2KN Note-Taker's Name (if known) :  |  |  |
| Course 2  |   |  |  |
| Class Title:  | Course Number and Section:  |  |  |
|   |   |  |  |

Turn Over→

| Course 3  |   |   |   |  |  |
|---|---|---|---|--|--|
| Class Title:  | Class Title: Course Number and Section:  *e.g. BIO  |   |   |  |  |
| Instructor:   |   |   |   |  |  |
|   | ,   | ,   |   |  |  |
| Course 4  |   |   |   |  |  |
| Class Title:  | Course Number and S   | ection:   |   |  |  |
| Instructor:   | Note-Taker's Name (if kn  | *e.g. BIO<br>lown) :  | 49560 - 2KN   |  |  |
| Course 5  |   |   |   |  |  |
| Class Title:  | Course Number and S   |   |   |  |  |
| Instructor:   | Note-Taker's Name (if kn  |   | 49560 - 2KN   |  |  |
| <ul> <li>provided during your refer to the <i>Note-takin</i></li> <li>You are responsible for the Having a note-taker of the Having and the Having are the Having and the Having and the Having are the Having</li></ul> | tudents fully understand all note-takin intake session. If you need clarification and Handbook before signing and submor picking up your notes weekly from loes not excuse you from attending the a course, please inform the AAC/SD the receiving your notes, or if the notes they | on, please spea<br>nitting this requ<br>AAC/SDS dur<br>e class<br>S staff promptl | k with AAC/SDS staff, and/catest. ring business hours |  |  |
|   | For internal office use only -  |   |   |  |  |
| [] Scheduled for class visits   | and entered on calendar if applicable   | Initials  | Date:   |  |  |
| [] Entered into Master Note-taking Spreadsheet  |   | Initials  | Date:   |  |  |