



WEBER STATE UNIVERSITY

Disability Services

Class Interpreting, Transcribing, and Captioning Request

Name: _____ Date: _____

Semester & Year: _____ W Number: _____

E-Mail: _____

Phone Number: _____ Alternate Phone: _____

Class Information and Service Type

Captioned videos will be provided for all listed classes, so include online classes

Department Course Number	CRN	Credit Hours	Days	Start Time	End Time	Bldg./ Room	Instructor	Interpreting, transcribing, or cap ions only

Additional Notes/Comments:

Please attach a copy of your schedule to this form

Note to Students: All course accommodation requests should be turned in at least 2 weeks before the semester begins to guarantee services on the first day of classes. Service provider preferences will be handled on a first-come, first-serve basis. If you change your class schedule, let us know as soon as possible. Failure to follow these procedures may result in a delay in services. You are responsible for meeting with your instructor, providing a copy of your accommodation letter, and discussing how to receive your accommodations. Please refer to the student handbook for additional policies and procedures.