

## Alternate Format Course Packet Request Form

### Student Information

Name: \_\_\_\_\_

Semester and Year: \_\_\_\_\_

### Course Packet Information

Course 1: \_\_\_\_\_

Professor: \_\_\_\_\_

Date Available in Copy Center: \_\_\_\_\_

Course 2: \_\_\_\_\_

Professor: \_\_\_\_\_

Date Available in Copy Center: \_\_\_\_\_

Course 3: \_\_\_\_\_

Professor: \_\_\_\_\_

Date Available in Copy Center: \_\_\_\_\_

Course 4: \_\_\_\_\_

Professor: \_\_\_\_\_

Date Available in Copy Center: \_\_\_\_\_

### Office Use

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_