

Request for Note-Taking Services

Student Information

Name: _____ Date: _____

Email: _____ HUID: _____

Please identify if you are a 1L, 2L, 3L, LLM, SJD, Visiting, Dual Degree, or Other: _____

Course Information

Please indicate the courses for which notes are being requested.

Course 1: _____

Professor: _____

Course 2: _____

Professor: _____

Course 3: _____

Professor: _____

Course 4: _____

Professor: _____

Course 5: _____

Professor: _____

For Office Use

Initials: _____ Date Received: _____