

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: _____