

TEXAS STATE [®]

DISABILITY SERVICES

Captioning Request Form: Course Schedule

All of the information below **MUST** be completed and submitted for captioning services for academic classes at the beginning of each semester and also include a copy of the class schedule. **Please note that captionists are assigned to classes on a first-come, first-serve basis.** Students using captioning services should notify the Office of Disability Services at **least 24 hours** in advance if they will not be in class. Any changes in the schedule must be updated on this form.

Student Name:

Student ID Number:

Student Phone:

TXST Email Address:

Date:

Term: Fall () Spring () Summer I () Summer II ()

Example:

SUBJ	CRSE	SEC	CRN	TITLE	DAYS	TIME	LOCATION	INSTR.& EMAIL
BIO	1300	002	10270	Modern Biology I	MWF	10-10:50 AM	SCI 116	Upchurch gu01
MATH	1300	001	15062	Elementary Algebra	M	12:30-1:50 PM	Evans 114	Morey M26

Courses:

SUBJ	CRSE	SEC	CRN	TITLE	DAYS	TIME	LOCATION	INSTR.& EMAIL

OFFICE OF DISABILITY SERVICES

601 University Drive | LBJ Student Center 5-5.1 | San Marcos, Texas 78666-4616

phone: 512.245.3451 | fax: 512.2453452 | WWW.TXSTATE.EDU

This letter is an electronic communication from Texas State University.

SUBJ	CRSE	SEC	CRN	TITLE	DAYS	TIME	LOCATION	INSTR.& EMAIL

I am requesting captionists for each of the classes listed above.

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