SEMESTER ______

Volunteer Note-Taker Application
FERRIS STATE UNIVERSITY
Educational Counseling & Disabilities Services
Located in STARR Building, STR 313
disabilities@ferris.edu
231-591-3057

Name: ___________________________________________Student ID: ________________________

Phone: _______________________________E-mail Address: _______________________________

Local Address: ______________________________________________________________________
               (Street)                                                             (City)                           (State)                                       (ZIP)

Permanent Address: _________________________________________________________________
                   (Street)                                                                                                                                    (City)                           (State) (ZIP)

Faculty Name: __________________________Course & Section #: ____________________
               (Ex. COMM 121 -001)

Day & Time of Class: __________________

Have you been trained previously as a Note-Taker?  Yes  No  Semester Trained? _______
(Please circle your response.)

1. You must have a GPA OF 2.5.
2. If you are selected and accept this position, you will be called at the phone number above that you have provided.

ADDITIONAL INFORMATION

When turning in this application, please provide a copy of your notes from any class and your Ferris Student Identification Card.

Please return this form to:
Educational Counseling & Disabilities Services Office in STR 313.
You may call (231) 591-3057 with any questions, or e-mail your questions to: disabilities@ferris.edu.

- - - - FOR DISABILITIES USE ONLY - - - -

Ferris Student ID Number of the DS Student __________________________

Date Application Received ___________________CUM GPA of Note-Taker________

Copy of Ferris ID Card (Volunteer Note-Taker) __________