

# MIDDLE GEORGIA STATE UNIVERSITY

## OFFICE OF DISABILITY SERVICES

### CAPTIONING SERVICES REQUEST FORM

Please complete and return this form no later than 2 weeks prior to your semester start date. At that time, the student will be required to present a copy of all class syllabi for which the service is requested as stated in the AMAC Student Agreement. If you require captioned media and/or audio files, please discuss with your DSP at your semester appointment.

\_\_\_\_\_  
Student's Name (printed)

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

\_\_\_\_\_  
Date Received by DSP

<b>1</b>			
	<b>Course Name and Number (ex. ENGL 1101)</b>	<b>Instructor's Name</b>	
	<b>Class Start Date &amp; End Date</b>	<b>Class Days (ex. M/W or T/Th)</b>	<b>Class Start Time &amp; End Time</b>
	<b>Student Skype Name</b>	<b>Class location (Bldg &amp; Rm#)</b>	<b>Dates to Exclude (Test dates, holidays, etc)</b>
	<b>DSP Notes:</b>		
<b>2</b>			
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	<b>DSP Notes:</b>		

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<b>3</b>			
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