



**Educational Accessibility Services**

**Student Academic Success Services**

5155 Gullen Mall / 1600 U.G.L.

Detroit, Michigan 48202

(313)577-1851 Office

(313)577-3365 TTY

(313)577-4898 FAX

**INTERPRETERS and REALTIME REPORTER REQUEST FORM**

\_\_\_\_\_ SEMESTER 20 \_\_\_\_\_

**I need interpreter/s for the following classes:**

Course Name	Call # & Section #	Days	Time	Room & Building
i.e.: ENG 1010	43662-001	MW	8:00-9:25 am	0312 State Hall

Is there a copy of the students' official class schedule included with this request:    yes / no

EAS Staff Initials: \_\_\_\_\_

**SKILLS NEEDED:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PRINT:**

Name: \_\_\_\_\_ WSU ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: (    ) \_\_\_\_\_ TTY #: (    ) \_\_\_\_\_

Student's e-mail address: \_\_\_\_\_

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Staff Signature)

\_\_\_\_\_  
(Date)



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**INTERPRETERS and REALTIME REPORTER SPECIAL EVENT REQUEST FORM**

\_\_\_\_\_ SEMESTER 20\_\_\_\_\_

SPECIAL REQUEST RELATED TO CLASSES or OTHER	NAME OF EVENT (Attach copy of flyer/info of the event if possible.)	DATE	TIME	LOCATION	CONTACT PERSON AND PHONE NUMBER

**SPECIAL SKILLS NEEDED:** \_\_\_\_\_

**PLEASE PRINT:**

**Name:** \_\_\_\_\_ **WSU ID#:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone #:** ( ) \_\_\_\_\_ **TTY #:** ( ) \_\_\_\_\_

**Student's e-mail address:** \_\_\_\_\_

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Staff Signature)

\_\_\_\_\_  
(Date)

**Other information, please use the back of this sheet.**