

SEMESTER _____

Volunteer Note-Taker Application

FERRIS STATE UNIVERSITY
Educational Counseling & Disabilities
Services Located in ASC 1017
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) _____