Interpreter Request

Request for reoccurring events (i.e. classes, clinical/internship hours and school related trips) must be made 2 weeks in advance, all others must be made 3 business days in advance. Cancellations must be made 24 hours ahead of time. Emergencies due to illness or another unforeseen event must be communicated to the Interpreter Coordinator as soon as possible.

1. Today’s Date ________________________________

2. Name of person requiring an interpreter ________________________________

3. Contact Information
   a. Email ________________________________
   b. Phone/text number ________________________________
   c. Best way to reach you ________________________________

4. Event type:
   a. Lecture □ Lab □ Course name, building and room # ________________________________.
      Start Time: _______ A.M. or P. M. Stop Time: _______ A.M. or P. M
   b. Lecture □ Lab □ Course name, building and room # ________________________________.
      Start Time: _______ A.M. or P. M. Stop Time: _______ A.M. or P. M
   c. Lecture □ Lab □ Course name, building and room # ________________________________.
      Start Time: _______ A.M. or P. M. Stop Time: _______ A.M. or P. M
   d. Lecture □ Lab □ Course name, building and room # ________________________________.
      Start Time: _______ A.M. or P. M. Stop Time: _______ A.M. or P. M
   e. Lecture □ Lab □ Course name, building and room # ________________________________.
      Start Time: _______ A.M. or P. M. Stop Time: _______ A.M. or P. M
   f. Lecture □ Lab □ Course name, building and room # ________________________________.
      Start Time: _______ A.M. or P. M. Stop Time: _______ A.M. or P. M
   g. Clinical/internship hours □ In #6 additional information provide dates, time, and location.
   h. Meeting with advisor □ Building and room # ____________________ Time ____________________
   i. Meeting with professor □ Building and room # ____________________ Time ____________________
   j. Other Meeting □ In #6 additional information provide dates, time, and location.
   k. Tutoring □ Course name: ________________________________
   l. Supplemental Instruction □ Course name: ________________________________
   m. Concert □ In #6 additional information provide dates, time, and location.
   n. Off campus event description ________________________________________________

5. Event Location:
   __________________________________________________________________________

6. Additional Information ______________________________________________________