

EUREKA COLLEGE  
DISABILITY SUPPORT SERVICES  
**Course Interpreter Request Form**

**Student's Name:** \_\_\_\_\_

**Date request was submitted:** \_\_\_\_\_

**1. Course name** \_\_\_\_\_ Professor \_\_\_\_\_  
Time: \_\_\_\_\_ Semester \_\_\_\_\_ Days of the Week \_\_\_\_\_  
Class Location: \_\_\_\_\_

Type of interpreter requested: \_\_\_\_\_  
Assigned interpreter \_\_\_\_\_ Date \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**2. Course name** \_\_\_\_\_ Professor \_\_\_\_\_  
Time: \_\_\_\_\_ Semester \_\_\_\_\_ Days of the Week \_\_\_\_\_  
Class Location: \_\_\_\_\_

Type of interpreter requested: \_\_\_\_\_  
Assigned interpreter \_\_\_\_\_ Date \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**3. Course name** \_\_\_\_\_ Professor \_\_\_\_\_  
Time: \_\_\_\_\_ Semester \_\_\_\_\_ Days of the Week \_\_\_\_\_  
Class Location: \_\_\_\_\_

Type of interpreter requested: \_\_\_\_\_  
Assigned interpreter \_\_\_\_\_ Date \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**4. Course name** \_\_\_\_\_ Professor \_\_\_\_\_  
Time: \_\_\_\_\_ Semester \_\_\_\_\_ Days of the Week \_\_\_\_\_  
Class Location: \_\_\_\_\_

Type of interpreter requested: \_\_\_\_\_  
Assigned interpreter \_\_\_\_\_ Date \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

## Extra-curricular events - Interpreter Request Form

Student's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Date Request submitted: \_\_\_\_\_

Type of Interpreter Requested: \_\_\_\_\_

Extra-curricular event: \_\_\_\_\_

Time of event: \_\_\_\_\_ Place: \_\_\_\_\_ Date: \_\_\_\_\_

Assigned interpreter \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Approved by: \_\_\_\_\_

## Extra-curricular events - Interpreter Request Form

Student's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Date Request submitted: \_\_\_\_\_

Type of Interpreter Requested: \_\_\_\_\_

Extra-curricular event: \_\_\_\_\_

Time of event: \_\_\_\_\_ Place: \_\_\_\_\_ Date: \_\_\_\_\_

Assigned interpreter \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Approved by: \_\_\_\_\_