#### GalCollegeLogoSIGN LANGUAGE INTERPETER/CART REQUEST

**STUDENT NAME: SEMESTER/YEAR:**

**PHONE # EMAIL:**

**Student responsibilities:**

* Students who are receiving an interpreter or CART services should attend all pre-arranged times.
* If the interpreter or the student does not attend the prearranged testing time within 15 minutes, the other party should notify the Special Services Advisor **IMMEDIATELY**.
* If a student is unable to attend the prearranged time due to a disability related reason or emergency, it is mandatory that the student contact the Special Services Counselor at least 48 hours in advance or as soon as it is possible.
* If a student repeatedly no-shows or repeatedly gives notice of a change less than 48 hours prior to a scheduled interpreter or CART appointment, services may be suspended until the student meets with the Special Services Advisor. If the student, after meeting with the Special Service Advisor, continues to miss or cancel the interpreter or CART appointments, services may be suspended until arrangements can be made to assure consistent participation.
* I am requesting (please check one):  Sign Language Interpreter  CART Services

**Student Signature: Date:**

**GC Special Services Representative: Date:**

**DATES REQUESTED FOR INTERPETER/CART:**

* Please list day, time and location requests for the entire semester (in date order) on the back of this form.
  + Recurring class days and times need only be entered once
  + Begin with the date closest to the request.
* Quiz and test dates should be entered individually on the back of this form. Quiz and test dates may be found in your course syllabus or contact your instructor(s) to obtain them.
* You may copy the back of this form to list additional class, quiz or tests dates if needed.

**EXAMPLE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Days of Week Classes Meet** | **Times Classes Meet** | **Location** | **Course & Section #** | **Instructor** |
| M T  W TH  F | 9:30-11:50  am pm | R-252 | MATH 1300-1511 | John Smith |
| **Days of Week Classes Meet** | **Times Classes Meet** | **Location** | **Course & Section #** | **Instructor** |
| M T  W TH  F | am pm |  |  |  |
| M T  W TH  F | am pm |  |  |  |
| M T  W TH  F | am pm |  |  |  |
| M T  W TH  F | am pm |  |  |  |
| M T  W TH  F | am pm |  |  |  |
| **Quiz or Test Date** | **Quiz or Test Time** | **Location – Room number or “Testing Center”** | **Course & Section #** | **Instructor** |
| **EXAMPLE:**  02/12/18 | 5:30 – 8:30  am pm | Testing Center | BIOL 2401-1010 | Mary Smith |
|  | am pm |  |  |  |
|  | am pm |  |  |  |
|  | am pm |  |  |  |
|  | am pm |  |  |  |