

ACCOMMODATION ASSISTANCE NOSM U - LEARNER SUPPORT SERVICES

Note-Taking Request Form

Learner Support Services provide note-taking support to UME students registered with the Accessibility Advisor *and* who are eligible for note-taking support for their UME program.

If you are not sure if you are eligible for note-taking support or if you have note-taking as an accommodation; please discuss this with the Accessibility Advisor before completing this form or making arrangements.

This approval form would need to be resubmitted to Learner Support Services at the start of each academic year or when the note-taking service is indicated as accommodation support.

Academic Year _____ Year Level _____

Name of the student requesting the note-taking support:

Date of request: _____

Require a note-taker for (select all that apply)

____WGS

_____ WGS Lab session

_____ Module Coordination Session

____ Other (please specify):_____

If there is a preferred classmate who has agreed to provide note-taking service for you, please indicate their name below:

Note: It will be the decision of Learner Support Services for the note-taker assigned based on their academic performance. However, your recommendation for the note-taker will be considered.

Anticipated Cumulative Hours of Note-Taking during class: _____

For period of ______ to ______

Payment to be made to: _____ Note-Taker or Reimbursed to Learner upon proof of payment

Payment will be arranged through NOSM University Finance upon submission of the **NOSM University Request for Payment Form** to Learner Support Services and verification of the hours by the student of what was submitted for the note-taking service. We suggest the forms be submitted midyear and end of the year.

Learner Support Services can discontinue the note-taking service with notice to the student and the arranged note-taker.

Are the note-taker services being covered by another means of disability support payment?

____Yes ____No

If receiving disability support payments, please indicate the details below.

Student Signature:

Date: _____

Approval for reimbursement:

Dr. Sherry Mongeau Director, Learner Support Services 705-662-7257 smongeau@nosm.ca Dr. Jason Shack Assistant Dean, Learner Affairs 807-766-7465 jshack@nosm.ca

Notice of Collection: Personal information on this form is collected under the authority of the NOSM University. It will be used in the provision, tracking and reimbursement of tutoring services for learners. We respect your privacy and at all times your information will be protected in accordance with the Freedom of information and Protection of Privacy Act. Direct any questions regarding the collection and use of this information to the Director, Learner Support Services, 935 Ramsey Lake Road, Sudbury, ON P3E 2C6 (705)-662-7257.

or

For Office Use Only:

Date(s) of submission of Request for Payment to NOSM University Finance:

Amount of payment requested: \$ _____