Today’s Date: ________________________________

Student Name: ____________________________________________

Interpreter/Captioner Name: ________________________________

MyGWC Email: __________________________________________
*If there are any concerns, you will be contacted with this email address*

___ Student No-Show #1 ___ #2 ___ #3 ___

___ Cancel One Time ___ Need Interpreter/Captioner

___ Cancel Semester ___ Instructor Cancel Class ___ Other ________________

Course/Appt. Information

Day: _____     Date(s): _____     Start time: _____     End time: _____
Class: _______________     Location/Room: ____________________________

Instructor/Counselor Name: ______________________________________

*ALL REQUESTS MUST BE MADE 48 HRS IN ADVANCE*

Comments/Additional Information: ________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

**For Office Use Only**
Interpreter/Captioner Assigned: ________________________________
Staff Initials: _________ Date: ________________________________