

NOTETAKER FEEDBACK FORM

Please return completed form to the office.

Today's Date: _____
Month Day Year

Student Name: _____
First Last

Student ID Number: _____

Telephone Number: _____

E-mail Address: _____

Class Name: _____ Class Dates: _____ Class Times: _____
i.e. MUNM 101 i.e. MTWRF i.e. 12:30p - 1:20p

Next exam date: _____

Signature: _____

CHECK ONE OF THE FOLLOWING:

- I am currently not receiving notes.**
- I am not satisfied with the quality of my notes.**

AUDIT SHEET (For Office Use Only)

Notetaker Name: _____

E-mail Address: _____

Telephone Number: _____

Date contacted: _____ Method: E-Mail Telephone Staff initials: _____

RESULTS

Notes brought in: _____

New Notetaker assigned: _____

New Notetaker name: _____

New Notetaker contact information: _____

Other accommodations: _____