Application to Share Notes

Note-sharer Applicant's Name:
Phone Number:
CSUMB Email:
N (ODIO) () () ()
Name of SDAC student requesting notes (if known):
Dept. / Class # / Section #:
Semester:
Voluntary Note-sharer Applicants: To apply to be a note-sharer for a course, please complete the following:
☐ Application to Share Notes (this form)
☐ SDAC Confidentiality Agreement - signed
Copy of last semester grades (printed from your CSUMB OASIS, Self
Service, Student Center, Academics Center, Unofficial Transcript)
☐ Recommended – Note-taker Training Certificate via the following link:
https://learn.nationaldeafcenter.org/courses/note-taker-training
☐ Recommended - Read CSUMB Note-sharer Handbook (8 pages)
*Additional information can be found at <u>csumb.edu/sdr/notetaking</u>
If approved to be a voluntary note-sharer, I agree to the following:
☐ I agree to attend class and to take notes to the best of my abilities. I will summarize and capture key points of the class session. When possible, I will include pictures or diagrams within my notes.
□ I agree to provide a copy of my notes to the student within 24 hours, and understand that it is best to provide notes within 2 hours of each class.
If I miss a class, I will inform the student I'm sharing notes with that I will not be there and I may provide a suggestion for a replacement in my absence.
I understand any student authorized for note-taking services may be late to class and/ or absent due to disability- related reasons. In these situations, I will continue to take notes until otherwise told to do so by SDAC.
Signature Date

For any questions, please contact SDAC's Note-taking Coordinator at: (831) 582-3672.

Notetaking Drive>Note-sharer Documents