

Mesa Community College CART Request Form

Today's Date: _____

Student Information

Student: _____

Email: _____

Contact # (optional): _____

Assignment Information

One-time Assignment? Yes

No

Purpose of Request: Tutoring

Meeting

Other: _____

Service Information

Start Time: _____ a.m. / p.m.

End Time: _____ a.m. / p.m.

Day of Week: _____

Month/Day/Year: _____

Location: _____

The student agrees to the following guidelines:

1. I will submit an CART REQUEST FORM for each time that I need to have an captionist for special assignments. This is other than my regular captionist scheduled in my regular classes.
2. Each CART REQUEST FORM that I submit shall be completed, signed, and dated.
3. Each form shall be completed and submitted to the DRS office a minimum of four (4) working days, excluding weekends, PRIOR to the day the captionist is needed.
4. In the event of a change in the test date or time, I accept responsibility for notifying the DRS office of the change by altering and initialing this form within a minimum of two (2) working days prior to the event/test date.

By signing this form, I acknowledge that I have read and understood the guidelines. I understand any changes to the CART request must be notified to the DRS office as indicated within the guidelines. I understand that the lack of information provided in this form may result no action until all information is filled out.

Student Signature: _____

Date: _____

Coordinator Signature: _____

Date: _____

OFFICE USE ONLY:

Received: ___/___/___

Completed: ___/___/___