****

**CART Request Form (Communication Access Real-time Translation)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MUID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MU Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@mu.edu

Semester/Year of requested services (*Ex: Fall 2020*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Number & Section***Ex: PSYC 1001-101* | **Day & Time Class Meets***(MWF 10:00-10:50)* | **Instructor** | **Class location** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**CART Services provide access to spoken word in the classroom. What other access needs do you anticipate?** *Ex: videos posted to D2L or shown in class*

|  |
| --- |
|  |

By signing below, I acknowledge that:

* If this form is submitted to ODS with limited notice, the Office of Disability Services cannot guarantee service, but will do their best to fulfill the request.
* ODS will notify my instructors of my CART services.
* I have read the CART policy and agree to the terms.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date