



WILLIAM WOODS
UNIVERSITY

AGREEMENT FOR INTERPRETING SERVICES

Term/Year: Fall_____ Spring_____ Summer _____

Student Name/ID#: _____

Instructor(s)/Course#: _____

Instructor(s)/Course#: _____

Instructor(s)/Course#: _____

Instructor(s)/Course#: _____

Instructor(s)/Course#: _____

William Woods University agrees to provide sign language interpreters as an academic accommodation to deaf and hard of hearing, currently enrolled students with a documented disability. After an accommodation request is completed and submitted (Owlnet >> Student Tab >> Student Forms Portal >> under ‘Student Disability Services Forms’ >> ‘Interpreter Request Form’) and third party documentation is approved, the student is expected to provide at least two weeks advanced notice to secure an interpreter.

STUDENT CONTRACT

_____I agree to submit a copy of my course schedule each semester upon registration to request interpreting services. SDS must be notified of any changes made to the originally submitted schedule within 24 hours of the schedule change. *I understand that failure to submit my course schedule in a timely manner upon registration may potentially delay or prohibit the contracting of a sign language interpreter as an accommodation.*

_____I agree to submit requests for supplemental, course-related, interpreting services (including, but not limited to, conferences with teachers, study groups, academic assignments occurring outside the classroom, tutoring) in a timely manner to SDS. *I understand that failure to submit requests for supplemental interpreting services in a timely manner may potentially delay or prohibit the contracting of a sign language interpreter as an accommodation.*

_____I agree to contact SDS immediately if I will not be attending class or a scheduled supplemental activity. In addition, I agree to contact SDS immediately if an instructor cancels class.

_____I understand that repeated failure to contact SDS to communicate cancellations may lead to suspension of interpreting services. If services are suspended, I agree to meet with SDS before services will be reinstated.

Student Signature/Date:

Student Disability Services Staff Signature/Date:
