



SUFFOLK  
UNIVERSITY

OFFICE OF DISABILITY SERVICES

**Peer Note Taker Applicant Form for Fall 2009**

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

E-Mail: \_\_\_\_\_

Local Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Times you would be available to take notes during the Fall 2009 Semester (September 8<sup>th</sup> thru December 10<sup>th</sup>):

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

How many classes would you like to be a peer note taker in? \_\_\_\_\_

Do you have access to your own computer with e-mail? Yes\_\_\_ or No\_\_\_

\*Are you eligible for work-study funding? Please Circle: Yes\_\_\_ or No\_\_\_

\*Are you eligible for student employment funding? Please Circle: Yes\_\_\_ or No\_\_\_

Are you an international student? Please Circle: Yes\_\_\_ or No\_\_\_

If yes, have you obtained a social security number?

Please Circle: Yes\_\_\_ or No\_\_\_

\*If you are unsure if you are eligible for work study or student employment please contact the Financial Aid Office at (617) 573-8470