



School of General Studies, Office of Disability Services

Note Taker Application

Name: _____

Address: _____

Phone#: _____ **Cell:** _____

Student E-mail: _____

M#: _____

Those considered for employment must complete this application as well as provide one faculty recommendation (attached) and a detailed copy of your schedule. Candidates must meet the following criteria:

- Possess an excellent record of attendance.
- Take legible and complete notes (either electronic or hand written).
- You must utilize the campus e-mail system.
- Have the ability to work within deadlines for both note and timesheet submission.

Successful applicants will be contacted via e-mail and provided with additional hire and training information.

Signature: _____

**** Upon completion, return or e-mail to:**

Morrisville Campus	Norwich Campus
David Symonds, Coordinator of Disability Services Butcher Library Post Office Box 901 Morrisville, New York 13408 symondda@morrisville.edu 315-684-6349	Jeri O'Bryan-Losee, Coordinator of Support Services Norwich Campus 20 Conkey Avenue Norwich, New York 13815 obryanj@morrisville.edu 607-334-5144

Faculty Recommendation Form for Note Taker Applicant

_____ has applied for a position as a note taker for the upcoming semester. Please respond to the following questions and return this form as indicated at the bottom of the page.

1. Please check one:
 I recommend this student as a note taker.
 I do not recommend this student as a note taker.
2. Please rank this student from 5 (excellent) to 1 (poor) on the following characteristics. Select NA if you are unable to evaluate the student in this area.

Characteristic:	5	4	3	2	1	N/A
Class Attendance:						
Attitude:						
Completeness/Legibility of Notes:						
Ability to Meet Deadlines:						

Comments:

Name & Title: _____

Signature & Date: _____

Please return this form to the person who coordinates note taking at the student's campus:

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