



NOTETAKING SERVICE AGREEMENT

I, _____, agree to provide a copy of my notes during
_____ semester for the _____ course.

I understand I will be paid a \$25.00 bookstore stipend per course, per semester, to be disbursed at the end of the semester. I understand my role and responsibilities to provide the student below with class notes.

In the event the student I'm assisting drops the class or cancels notetaking services within the first 45 calendar days from the first class session a portion of the stipend amount will be paid. For all cancellations after the first 45 days, the full stipend amount will be paid. If two students with disabilities are in the same class requiring notes, I understand I will only be paid for one set of notes.

I agree to attend class, missing no more than three class meetings to take neat and organized notes, and to provide a copy of my notes to the student following each class session. Notes for Disability Services may be copied free of charge in the Academic Success office or Library.

Should I encounter any problems fulfilling my responsibilities, I agree to contact Disability Services at 316-677-9416, immediately. I also understand that this service is an accommodation, not a substitution for class attendance.

Name

Date

Student Requesting Services: _____