

# SDS REQUEST FORM

## *Alternate Format Texts Priority List*

Please submit this form to SDS within the first 2 weeks of the semester. SDS is located at 103 Student Health Center.

Today's Date: \_\_\_\_\_

Semester Needed: \_\_\_\_\_

### STUDENT INFORMATION

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

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

**PRIORITY LIST:** Please list books in order of importance, with the book listed first as the most important and the book listed last as the least important.

BOOK TITLE	ISBN #	COURSE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

