

STOCKTON UNIVERSITY | WELLNESS CENTER

Learning Access Program Peer Note Taker Request

First Name _____ Last Name _____

Z# _____ Today's Date _____ Cell Phone _____

Courses may be taught in multiple teaching modalities. These will include in-person classes on campus, hybrid classes that combine in-person and online lessons, and completely online classes. Please note that you must include the modality type and the day(s) that your course will be meeting either face to face or synchronously on Zoom to ensure that the selected note taker is attending on the same day(s).

Eligible Course Modality Types:

Face-to-Face (F2F) - All content delivered in person on campus.

Online Synchronous (ONS) - All content is delivered online on specific days and times.

Online Blended (ONB) - Combination of online synchronous and online asynchronous course delivery.

Hybrid Full (HYF) - Combination of some full class, on-campus sessions and online content delivered asynchronously or synchronously (this is closest to a traditional hybrid course).

Hybrid Partial (HYP) - Combination of physically distant, in-person class sessions and asynchronous online (Course meets with a portion of a class on one day in-person, and another portion of the class on a different day in-person, with the remainder of instruction delivered online).

Flex Synchronous (FXS) - Combination of in-person classes and synchronous online delivery, with all or some students having a face-to-face component that meets as determined by the faculty member (the course does not meet face-to-face all together on campus).

Flex Asynchronous (FXA) - Combination of in-person and asynchronous online delivery, with all or some students having a face-to-face component that meets as determined by the faculty member (the course does not meet face-to-face all together on campus).

Course Name: _____

Course Number/Section: _____ Course Time: _____

Faculty Name: _____

Course Modality: _____

Please indicate the day(s) you are attending class either in person or synchronously:

Monday Tuesday Wednesday Thursday Friday Saturday

Course Name: _____

Course Number/Section: _____ Course Time: _____

Faculty Name: _____

Course Modality: _____

Please indicate the day(s) you are attending class either in person or synchronously:

Monday Tuesday Wednesday Thursday Friday Saturday

Course Name: _____

Course Number/Section: _____ Course Time: _____

Faculty Name: _____

Course Modality: _____

Please indicate the day(s) you are attending class either in person or synchronously:

Monday Tuesday Wednesday Thursday Friday Saturday

Course Name: _____

Course Number/Section: _____ Course Time: _____

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Course Modality: _____

Please indicate the day(s) you are attending class either in person or synchronously:

Monday Tuesday Wednesday Thursday Friday Saturday

Course Name: _____

Course Number/Section: _____ Course Time: _____

Faculty Name: _____

Course Modality: _____

Please indicate the day(s) you are attending class either in person or synchronously:

Monday Tuesday Wednesday Thursday Friday Saturday