



**MONTANA STATE UNIVERSITY
NORTHERN**

Disability Services

ALTERNATIVE TEXTBOOK REQUEST

I, _____, am requesting an alternative textbook for the following courses for _____ semester 20__.

1. Course Prefix & Number: _____ Instructor: _____

Name of Course: _____

Name of Text: _____

Author: _____ ISBN: _____

2. Course Prefix & Number: _____ Instructor: _____

Name of Course: _____

Name of Text: _____

Author: _____ ISBN: _____

3. Course Prefix & Number: _____ Instructor: _____

Name of Course: _____

Name of Text: _____

Author: _____ ISBN: _____

4. Course Prefix & Number: _____ Instructor: _____

Name of Course: _____

Name of Text: _____

Author: _____ ISBN: _____

5. Course Prefix & Number: _____ Instructor: _____

Name of Course: _____

Name of Text: _____

Author: _____ ISBN: _____

6. Course Prefix & Number: _____ Instructor: _____

Name of Course: _____

Name of Text: _____

Author: _____ ISBN: _____

7. Course Prefix & Number: _____ Instructor: _____

Name of Course: _____

Name of Text: _____

Author: _____ ISBN: _____

The above is a list of all alternative texts that I am requesting. I understand that if there are any changes, it is my responsibility to notify Disability Services immediately.

Signature: _____

Date: _____