

Incidental Fee Committee
Enhancement Request

Date 1/15/16

Department Access/Disability Services

Index DOS 923

Amount Requested \$ 11,000

FY 17

Contact Information:

Name Malissa Larson

Position Director

E-mail larsonm@wou.edu

Phone 88250

One-time S&S Travel Personnel Capital/Other

Purpose of request:

Access is requesting an enhancement of \$11,000 for the line item of "of other personal services" to address an increase of Interpreter requests. Students who are Deaf and utilize interpreters have become more involved in not only attending plays, but being in the play requiring interpreters for try-outs, rehearsals and the final performance, as an example. In addition, we have had students involved in the HWC swim classes and other exercise classes that are not for credit.

Attach all applicable documentation including a detailed breakdown of the request.

DO NOT INCLUDE ADMINISTRATIVE OVERHEAD

Approved _____ Denied _____ Amount \$ _____