COMMUNITY LANGUAGES INITIATIVE
REQUEST FOR SERVICES

REQUESTING ORGANIZATION: ________________________________

CONTACT: ___________________ TITLE: ___________________
TELE: _______________ FAX: _______________ EMAIL: _______________

Describe the Services you need (translation, interpretation, language)

Are there particular characteristics about the client we should be aware of?

When are services needed? Include date and starting time and anticipated ending time.
If services are needed on a recurring basis on particular days and blocks of time, please specify

Where will services be provided? *

* If services will be provided someplace other than the University, you must provide any equipment that is needed and must reimburse the GSIT student for his/her transportation costs.

Submit your completed request to: Dr. Shawn J. Parry-Giles at spg@umd.edu.