

**EXAMINATION ACCOMMODATION FORM
STUDENTS WITH DISABILITIES**

Return this form to Room 204 or email to lawstudentaffairs@hofstra.edu for approval signature.

Name: _____ Hofstra ID # _____ Student Year _____

Street Address: _____

City, State, Zip Code _____

Phone #: (day) _____ (Eve) _____ (Cell) _____

E-mail: _____ Date submitted: _____

1. Meeting with Office of Student Affairs:

All students requesting examination accommodations for the first time this semester must schedule a meeting with Lisa Monticciolo, Dean of Students & Diversity and Inclusion Officer.

- I have already had a meeting to discuss my accommodations request
- I have scheduled a meeting

2. Special accommodations at the Law School requested/or already approved:

3. Supporting Documentation (See Policy on Students with Disabilities):

- Already submitted to Office of Student Affairs
- Attached

4. Exam Schedule:

Date	Time	Course	Professor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Departmental use only (Do not write below this line.)

1. Decision:

Approved

The following arrangements have been made: _____

Not Approved

You will receive an email from the Office of Academic Records with your exam dates, room and time assignment.

Cc: Office of Academic Records, Student File

_____ Approved Signature _____ Date _____