

**EXAMINATION ACCOMMODATION FORM
ENGLISH AS A SECOND LANGUAGE ESL**

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: _____

L.L.M. _____ J.D. (indicate year) _____ Visiting _____

Native Language: _____

Undergraduate institutions and/or law school attended, and language instruction: _____

TOEFL Score: _____ Years in U.S. at time of matriculation at Hofstra University: _____

Eligibility for ESL accommodations: Please review the ESL exam accommodations policy, on the student affairs Web page, to determine if you are eligible to receive extended time or other accommodations.

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

2. Procedure for implementing this decision:

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