

Deadline: 11/6/09

Hofstra University School of Law

EXAMINATION ACCOMMODATION FORM (STUDENTS WITH DISABILITIES)

Return this form to Room 203 or email to lawstudentaffairs@hofstra.edu for approved signature.

Name: _____ Student Year: _____

Address: _____ Phone Number: _____

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 McCluskey in Room 203.

I have already had a meeting to discuss my accommodations request

I have scheduled a meeting

2. Special accommodations at the Law School requested:

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

2. Procedure for implementing this decision:

Please meet with Gail Travers in the Office of Academic Records (Registrar's office) in Room 114 one week prior to your exam date for a room and assignment.

Approved Signature Date

Cc: Office of Academic Records, Student File