

Deadline: 11/6/09

Hofstra University School of Law
ENGLISH AS A SECOND LANGUAGE (ESL)
EXAMINATION ACCOMMODATION FORM

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

(Please Print Neatly)

Name: _____ L.L.M. _____
J.D. (indicate year) _____
Visiting _____
Address: _____ Phone Number: _____
Date submitted: _____ E-mail: _____

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

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

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 on your request:

Approved

The following arrangements have been made: _____

Not Approved

2. Procedure: To implement this decision and obtain your revised exam schedule, including room locations and reschedule times of your exams, please check with Gail Travers in the Office of Academic Records in room 114 one week prior to your first exam date for a room and time assignment.

Approved Signature Date

cc: Office of Academic Records, Student File