

Deadline: 11/13/09

**Hofstra University School of Law
EXAMINATION ACCOMMODATION FORM (SABBATH OBSERVERS)**

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: _____

FRIDAY EXAMINATIONS TO BE RESCHEDULED:

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