

YESHIVA UNIVERSITY
Office of Disability Services

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EXAM IN A SEPARATE LOCATION FACULTY REQUEST FORM

Please submit this form at least one week before exam.

Professor:	Course title:
STUDENT NAME:	
Date of exam: In-Class Start time of exam: In-Class End time of exam:	Professor's Email: Cell phone (during exam):

METHOD FOR EXAM DELIVERY BY INSTRUCTOR TO ODS:

<input type="checkbox"/> E-mail to wilfexams@yu.edu or berenexams@yu.edu
<input type="checkbox"/> Drop off at:
Date of exam delivery by professor:

Please check the materials you are permitting for this exam:

<input type="checkbox"/> Textbook	<input type="checkbox"/> Class notes
<input type="checkbox"/> Laptop use – student's personal computer	<input type="checkbox"/> Formula sheet
<input type="checkbox"/> Calculator (specify type)	<input type="checkbox"/> Dictionary
<input type="checkbox"/> Other	<input type="checkbox"/> NONE

**PLEASE INDICATE YOUR PREFERENCE FOR COMPLETED EXAM DELIVERY.
YOUR EXAM EMAILED TO YOU UNLESS YOU SPECIFY OTHERWISE:**

<input type="checkbox"/> Scan and email exam to professor
<input type="checkbox"/> BEREN: Professor will pick up exam in Student Affairs office – 215 Lex, 5 th floor, att. Betty Kam
<input type="checkbox"/> WILF: Professor will pick up exam in Disabilities Services office - 116 Laurel Hill Terrace