

YESHIVA UNIVERSITY
Office of Disability Services

Beren Campus
215 Lexington Avenue, Room 520
New York, NY 10016
(646) 592-4132

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116 Laurel Hill Terrace, Suite B
New York, NY 10033
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EXAM IN A SEPARATE LOCATION STUDENT REQUEST FORM

This form must be filled out in its entirety and submitted at least one week before exam.

NAME :		<input type="checkbox"/> M <input type="checkbox"/> F	ID:
PROGRAM:	<input type="checkbox"/> Stern	<input type="checkbox"/> SSSB	<input type="checkbox"/> YC <input type="checkbox"/> RIETS <input type="checkbox"/> WSSW
EMAIL:			PHONE:

IN-CLASS EXAM INFORMATION:

Course title:	Professor:
	Professor email:
Date:	Class location:
Exam start time:	Exam end time:

Please check if exam time conflicts with another class or exam. Please specify below:

Please check the accommodation(s) you are requesting for this exam. These must be accommodations noted on your Accommodations Request Form which you submitted to faculty this semester:

<input type="checkbox"/> Time and a half	<input type="checkbox"/> Double time
<input type="checkbox"/> Laptop use	<input type="checkbox"/> Kurzweil 3000
<input type="checkbox"/> Calculator	<input type="checkbox"/> Reader
<input type="checkbox"/> Dictionary	<input type="checkbox"/> Other – Please specify:

*Please email this form back to wilfexams@yu.edu or berenexams@yu.edu
Or drop off at the Office of Disability Services*

FOR ODS USE ONLY	Date form received:
Location of exam administration:	Proctor: