

SIGN ME UP!

**** THIS FORM MUST BE COMPLETED AND HANDED IN TO 219 Student Center 4 SCHOOL DAYS BEFORE THE DAY OF YOUR EXAM (Not including Weekends/Holidays) ****

If your Test is on:	The Latest the Form Can be Submitted is on:
Monday	The Tuesday before, or earlier - before 5pm
Tuesday	The Wednesday before, or earlier - before 5pm
Wednesday	The Thursday before, or earlier - before 5pm
Thursday	The Friday before, or earlier - before 5pm
Friday	The Monday before, or earlier - before 5pm

STUDENT FILL OUT:

1. Name: _____ 700# (ID) _____
2. Phone: _____ Email: _____
3. Date You Will Take Exam: _____ Time You Will Take Exam: _____
(Open hours are Monday-Friday 9 a.m. – 5 p.m., please adjust the time of your exam with professors when needed)
4. Course Title: _____ Instructor: _____

Please check your accommodations for this exam

- ☐ Extended Time: ☐ 1.5 ☐ 2.0 ☐ Computer ☐ Calculator ☐ Reader ☐ Scribe
☐ Kurzweil ☐ AutoCad ☐ Additional Software/Computer Program
☐ Other _____

PROFESSOR FILL OUT:

1. Please specify what materials all students need for this exam (Check all that apply):
☐ Blue book ☐ Scantron ☐ Scientific calc. ☐ Basic 4 function calc. ☐ Graphing calc.
☐ Notes/cheat sheet (please specify : _____)
☐ Other: _____
2. Amount of time **class** receives for exam: _____ (minutes)
3. Professor's phone number during exam for questions: _____
4. **Please indicate your preference for receiving the completed exam:**
☐ Professor pick-up at room 219 Student Center
☐ SAS deliver the next business day: Building & Room number: _____
OR
☐ Scan and Email to: _____
5. Signature of Professor: _____ Date: _____

SAS Testing Center Contact Information

Room: 219 Student Center **Phone:** 516.463.5038
Email: SASTesting@Hofstra.edu

Delivery Information

Exam Received By:

Name (Print): _____

Signature: _____

Title: _____

