

Student Access Services (SAS) Testing Center

** PLEASE SUBMIT THIS FORM AT LEAST **ONE WEEK** PRIOR TO YOUR EXAM**

(Operating hours are Monday-Friday 9am-5pm, adjust the time of your exam with professor when needed)

NOTICE: Students are expected to take their exam at the same time as the class. Exceptions are made for exams administered outside of operating hours and for back-to-back courses/exams.

STUDENT Please Comple	<u>te</u>								
Name:			Hofstra ID:						
Email:			Phone:						
Course Title:			Instructor:						
Date & Time Class is			*If approved by faculty*						
scheduled for exam:			Alternate Date/Time of exam:						
Please select your approved accommodations for this exam:									
Extended Time 1.5	Scribe								
Extended Time 2.0	Kurzweil								
Computer	Other Software/Computer Program:								
Calculator	Other Accommoda	:							
Reader									
PROFESSOR Please Complete We only permit students to use their own laptop if the exam is on a lockdown browser. If the exam is online and not on a lockdown browser, the student can use a proctored SAS computer.									
Will the exam be administered online? (Be sure to adjust the time accordingly) Yes							No		
Please specify the proctoring requirements for the exam:									
Completely Open Book Com			npletely Closed Book						
Some Notes Allowed (Please Specify):									
Please specify the permitted materials for the exam (Select all that apply):									
Index Card Size:									
Notes/"Cheat Sheet" Size		ize:							
Textbook Title		itle:							
		Please	e include with exam*						
Online Platform/Software Name:									
Unrestricted Interne									
Indicate which calculator student is									
permitted for this exam:			None	Basic	Scientific		Graphing		
Amount of time the class received for the exam					l	L	(Mi	inutes)	
Your phone number duri	ng exam for questions:	1					,		
How will you send the exam to the testing center?				D	Digitally Paper Copy*			ķ	
How do you prefer to receive the completed exam?				D	Digitally Professor Pick-up*			ck-up*	
*Pick-up/Dropoff at 219 Student Center. All electronic c				,					

Date

Professor's Signature