FINAL EXAM SIGN UP FORM

(For all exams that will be taken <u>DURING</u> finals week: Thursday, December 12- Wednesday, December 18)

<u>DEADLINE FOR **ALL**</u> FORMS: Friday, December 6th @ 5:00 PM

*Form **MUST** be submitted by deadline date- NO EXCEPTIONS*

<u>Finals Week Hours:</u> Thursday 12/12: **9am-7pm**   Friday 12/13: **9am-5pm**

Monday 12/16: **9am-7pm**   Tuesday 12/17: **9am-7pm**   Wednesday 12/18: **9am-7pm**

Student:

Name: _____   700 # _____

Phone: _____   Email: _____@pride.hofstra.edu

Exam Date: _____   Exam Time **(<u>See SAS Testing Hours Above</u>)**: _____

Course Title: _____   Professor: _____

Which of your approved accommodations do you need for this exam? (Check all that apply)

Extended time   ☐ 1.5   ☐ 2.0

☐ Computer   ☐ Kurzweil ☐ Calculator   ☐ Reader   ☐ Scribe   ☐ JAWS   ☐ Other:

Professor:

Please specify what you are allowing all students to use on the exam:

_____

Time class receives for exam: _____ minutes

Professor's email: _____   Phone: _____

Indicate your preference for receiving the completed exam:

☐ Pick up exam at SAS in Room 107 Student Center (allow 1-hour post exam completion)

<u>OR</u>

☐ Scan/Email to: _____

Please note we do not have the resources to deliver final exams, we appreciate your understanding.

Signature of Instructor: _____   Date: _____

_____

SAS Testing Lab: 219 Student Center 516 463-5038   SASTesting@hofstra.edu

(During finals week, please contact us through email only)

Exam Distribution Information (For SAS Office Use Only)

No exam can be released without the signature of a department member!

Scanned and Emailed:

_____

Date   Time   SAS Staff Initials

OR

Picked Up by:

_____

Signature   Name (Print)   Position

Date:_____