

# 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 - <b>before 5pm</b>
Tuesday	The Wednesday before, or earlier - <b>before 5pm</b>
Wednesday	The Thursday before, or earlier - <b>before 5pm</b>
Thursday	The Friday before, or earlier - <b>before 5pm</b>
Friday	The Monday before, or earlier - <b>before 5pm</b>

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## **STUDENT FILL OUT:**

Name: \_\_\_\_\_ 700#: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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)*

Course Title: \_\_\_\_\_ Instructor: \_\_\_\_\_

**Please select your accommodations for this exam:**

- |  |   |
|--|---|
| <input type="checkbox"/> Extended Time 1.5 | <input type="checkbox"/> Scribe                               |
| <input type="checkbox"/> Extended Time 2.0 | <input type="checkbox"/> Kurzweil                             |
| <input type="checkbox"/> Computer          | <input type="checkbox"/> AutoCad                              |
| <input type="checkbox"/> Calculator        | <input type="checkbox"/> Additional Software/Computer Program |
| <input type="checkbox"/> Reader            | <input type="checkbox"/> Other: _____                         |

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## **PROFESSOR FILL OUT:**

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

Amount of time class receives for exam: \_\_\_\_\_ (minutes)

Professor's phone number during exam for questions: \_\_\_\_\_

Please indicate how/when you will send exam: \_\_\_\_\_

Please indicate your preference for receiving the completed exam:

- Professor pick-up at room 219 Student Center  
 Scan and Email to: \_\_\_\_\_

Signature of Professor: \_\_\_\_\_ Date: \_\_\_\_\_

SAS Testing Center Contact Information  
Room: 219 Student Center Phone: 516.463.5038  
Email: [SASTesting@Hofstra.edu](mailto:SASTesting@Hofstra.edu)  
Website: [hofstra.edu/sas](http://hofstra.edu/sas)

**SIGN ME UP!**

**Delivery Information**

**Exam Received By:**

**Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**SAS Testing Center Contact Information**

**Room:** 219 Student Center **Phone:** 516.463.5038

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**Website:** [hofstra.edu/sas](http://hofstra.edu/sas)