**\*FINAL EXAM SIGN UP FORM\***

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

**DEADLINE FOR ALL FORMS: Friday, December 6th @ 5:00 PM**

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

**Finals Week Hours: 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 **(See SAS Testing Hours Above)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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)

**OR**

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