

YESHIVA UNIVERSITY
Office of Disability Services

Beren Campus
215 Lexington Avenue, Room 520
New York, NY 10016
(646) 592-4132

Wilf Campus
116 Laurel Hill Terrace, Suite B
New York, NY 10033
(646) 685-0118

EXAM IN A SEPARATE LOCATION STUDENT REQUEST FORM

This form must be filled out in its entirety and submitted at least one week before exam.

NAME :	M	F	ID:
PROGRAM:	Stern	SSSB	YC RIETS WSSW
EMAIL:	PHONE:		

IN-CLASS EXAM INFORMATION:

Course title:	Professor:
	Professor email:
Date:	Class location:
Exam start time:	Exam end time:

Please check if exam time conflicts with another class or exam. Please specify below:

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Please check the accommodation(s) you are requesting for this exam. These must be accommodations noted on your Accommodations Request Form which you submitted to faculty this semester:

Time and a half	Double time
Laptop use	Kurzweil 3000
Calculator	Reader
Dictionary	Other Please specify:

***Please email this form back to wilfexams@yu.edu or berenexams@yu.edu
Or drop off at the Office of Disability Services***

FOR ODS USE ONLY	Date form received:
Location of exam administration:	Proctor: