SECTION 1: TO BE COMPLETED BY THE STUDENT

Student's Name: ____________________________  Phone Number: ____________________________

Course: ____________________________  Professor: ____________________________

Date of exam: ____________________________  Class time of exam: ____________________________

Classroom: ____________________________

It is the student's responsibility to submit this form to the Office of Student Disability Services prior to the exam in order to guarantee accommodations.

This is an official request to take the above stated exam with accommodations under Section 504 of the Rehabilitation Act of 1973 and the American with Disabilities Act of 1990. With this request, I agree to follow the procedures as per arrangements with the Office of Student Disability Services.

____________________________________________________  ____________________________
Signature of Student  Date

SECTION 2: TO BE COMPLETED BY INSTRUCTOR

I agree to have the Office of Student Disability Services coordinate exam accommodations for the student.

Date of Exam: ____________________________  Time of Exam: ____________________________

Actual amount of time that class receives for exam: Hours: __________  Minutes: __________

Special Instructions class receives for exam: (open book, notes permitted, calculator, etc.)

____________________________________________________
Please confirm how the Office of Student Disability Services (SDS) will obtain exam:

____ Exam will be e-mailed to merrill.parra@lehman.cuny.edu

____ Exam will be faxed to (718) 960-7489

____ Exam will be dropped off at Shuster Hall, Room 238

____ Exam will be left with professor's department secretary for pick up by SDS staff.

After the student completes exam, how do you want it returned? ____________________________

Please provide scantron sheets or blue books if required. After signing this form, please return to the student who will drop it off at Shuster Hall 238. Thank you.

Signature of Professor: ____________________________  Phone: ________________

E-mail: ____________________________  Date: ________________