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: ____________________________