**Student Access Services (SAS) Final Exam Form**

\*\* PLEASE SUBMIT THIS FORM BY **MONDAY APRIL 29, 2024**\*\*

Operating hours are as follows:

9am-7pm: Monday May 13th- Thursday May 16th

9am-5pm: Friday May 17th

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT Please Complete** | | | | | | | | |
| Name: | |  | | | | Hofstra ID: |  | |
| Email: | |  | | | | Phone: |  | |
| Course Title: | |  | | | | Instructor: |  | |
| Date & Time Class is scheduled for exam: | | |  | | | *\*If approved by faculty\**  Alternate Date/Time of exam: | |  |
| Please select your approved accommodations for this exam: | | | | | | | | |
|  | Extended Time 1.5 | | |  | Scribe | | | |
|  | Extended Time 2.0 | | |  | Kurzweil | | | |
|  | Computer | | |  | Other Software/Computer Program: | | | |
|  | Calculator | | |  | Other Accommodation(s): | | | |
|  | Reader | | |

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| **PROFESSOR Please Complete** | | | | | | | | | | | | | | | | | | | | | | | |
| *We only permit students to use their own laptop if the exam is on a lockdown browser. If the exam is online and not on a lockdown browser, the student can use a proctored SAS computer.* | | | | | | | | | | | | | | | | | | | | | | | |
| Will the exam be administered online? (Be sure to adjust the time accordingly) | | | | | | | | | | | | | | | | |  | | Yes | | |  | No |
| Please specify the proctoring requirements for the exam: | | | | | | | | | | | | | | | | | | | | | | | |
|  | Completely Open Book | |  | Completely Closed Book | | | | | | | | | | | | | | | | | | | |
|  | Some Notes Allowed (Please Specify): | |  | | | | | | | | | | | | | | | | | | | | |
| Please specify the permitted materials for the exam (Select all that apply): | | | | | | | | | | | | | | | | | | | | | | | |
|  | Index Card | Size: | | | | | | | |  | | | | | | | | | | | | | |
|  | Notes/”Cheat Sheet” | Size: | | | | | | | |  | | | | | | | | | | | | | |
|  | Textbook | Title: | | | | | | | |  | | | | | | | | | | | | | |
|  | Diagrams/Charts/Reference table | \*Please include with exam\* | | | | | | | | | | | | | | | | | | | | | |
|  | Online Platform/Software | Name: | | | | | | | |  | | | | | | | | | | | | | |
|  | Unrestricted Internet Access | | | | | | | | | | | | | | | | | | | | | | |
| Indicate which calculator student is permitted for this exam: | | | | |  | | None |  | Basic | | |  | Scientific | | | | |  | | Graphing | | | |
| Amount of time the class received for the exam | | | |  | | | | | | | | | | | | | | | | | (Minutes) | | |
| Your phone number during exam for questions: | | | |  | | | | | | | | | | | | | | | | | | | |
| How will you send the exam to the testing center? | | | | | |  | | | | | Digitally | | |  | Paper Copy\* | | | | | | | | |
| How do you prefer to receive the completed exam? | | | | | |  | | | | | Digitally | | |  | Professor Pick-up\* | | | | | | | | |
| *\*Pick-up/Dropoff at 219 Student Center. All electronic correspondences will utilize the Hofstra email address.* | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | |
| *Professor’s Signature* | | | | | | | | | | | | | | | | *Date* | | | | | | | |