**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

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| **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* |