

**EXAMINATION ACCOMMODATION FORM
(SABBATH OBSERVER)**

Return this form to Room 204 or email to lawstudentaffairs@hofstra.edu for approval signature.

Name: _____ Hofstra ID # _____ Student Year _____

Street Address: _____

City, State, Zip Code _____

Phone #: (day) _____ (Eve) _____ (Cell) _____

E-mail: _____ Date submitted: _____

FRIDAY EXAMINATIONS TO BE RESCHEDULED:

Exam Schedule:

Date	Time	Course	Professor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Departmental use only (Do not write below this line.)

1. Decision:

Approved

The following arrangements have been made: _____

Not Approved

2. Procedure for implementing this decision:

You will receive an email from the Office of Academic Records, with your exam dates, room and time assignment.

Cc: Office of Academic Records, Student File

_____ Approved Signature _____ Date _____