

**YESHIVA UNIVERSITY**  
**Office of Disability Services**

**Beren Campus**  
215 Lexington Avenue, Room 520  
New York, NY 10016  
(646) 592-4132  
[Berenexams@yu.edu](mailto:Berenexams@yu.edu)

**Wilf Campus**  
116 Laurel Hill Terrace, Suite B  
New York, NY 10033  
(646) 685-0118  
[Wilfexams@yu.edu](mailto:Wilfexams@yu.edu)

**EXAM IN A SEPARATE LOCATION FACULTY REQUEST FORM**

Please submit this form at least one week before exam.

<b>Professor:</b>	<b>Course title:</b>
<b>STUDENT NAME:</b>	
<b>Date of exam:</b> <b>In-Class Start time of exam:</b> <b>In-Class End time of exam:</b>	<b>Email:</b>  <b>Cell phone (during exam):</b>

**METHOD FOR EXAM DELIVERY BY INSTRUCTOR TO ODS:**

<b>E-mail to <a href="mailto:wilfexams@yu.edu">wilfexams@yu.edu</a> or <a href="mailto:berenexams@yu.edu">berenexams@yu.edu</a></b>
<b>Drop off at:</b>
<b>Date of exam delivery by professor:</b>

Please check the materials you are permitting for this exam:

<b>Textbook</b>	<b>Class notes</b>
<b>Laptop use</b>	<b>Formula sheet</b>
<b>Calculator (specify type)</b>	