

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

**Beren Campus**  
215 Lexington Avenue, Room 520  
New York, NY 10016  
(646) 592-4132

**Wilf Campus**  
116 Laurel Hill Terrace, Suite B  
New York, NY 10033  
(646) 685-0118

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

**This form must be filled out in its entirety and submitted at least one week before exam.**

<b>NAME :</b>	<b>M</b>	<b>F</b>	<b>ID:</b>
<b>PROGRAM:</b>	Stern	SSSB	YC RIETS WSSW
<b>EMAIL:</b>	<b>PHONE:</b>		

**IN-CLASS EXAM INFORMATION:**

<b>Course title:</b>	<b>Professor:</b>
<b>Date:</b>	<b>Professor email:</b>
<b>Exam start time:</b>	<b>Class location:</b>
	<b>Exam end time:</b>

**Please check if exam time conflicts with another class or exam. Please specify below:**

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**Please check the accommodation(s) you are requesting for this exam. These must be accommodations noted on your Accommodations Request Form which you submitted to faculty this semester:**

<b>Time and a half</b>	<b>Double time</b>
<b>Laptop use</b>	<b>Kurzweil 3000</b>
<b>Calculator</b>	<b>Reader</b>
<b>Dictionary</b>	<b>Other Please specify:</b>

***Please email this form back to [wilfexams@yu.edu](mailto:wilfexams@yu.edu) or [berenexams@yu.edu](mailto:berenexams@yu.edu)  
Or drop off at the Office of Disability Services***

<b>FOR ODS USE ONLY</b>	<b>Date form received:</b>
<b>Location of exam administration:</b>	<b>Proctor:</b>