**TO BE COMPLETED BY THE STUDENT**:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Title and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time of Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student: you MUST inform OSSD staff (Stacey DeFelice @** [**defelices@oldwestbury.edu**](mailto:defelices@oldwestbury.edu) **OR Natalie Caesar @** [**caesarn@oldwestbury.edu**](mailto:caesarn@oldwestbury.edu) **or in person to schedule an appointment about a week prior to the exam date**.

Please check the specific testing accommodation(s) needed:

\_\_\_\_ Extended time, taken in OSSD \_\_\_\_ Access to computer for exam

\_\_\_\_ Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Student Date

**TO BE COMPLETED BY PROFESSOR**:

**(Do not return this form to student. This form should serve as a cover sheet for the exam if you are providing a hard copy to the OSSD)**

I agree to have the OSSD administer this exam for this student on the date and time listed above.

For this exam, I am permitting this student to use the following material during the test:

Open book exam \_\_\_\_\_yes \_\_\_\_\_no Only pen/pencil \_\_\_\_\_yes\_\_\_\_\_no

Class notes \_\_\_\_\_yes \_\_\_\_\_no Dictionary \_\_\_\_\_yes\_\_\_\_\_no

Recorder/Recorded notes \_\_\_\_\_yes\_\_\_\_\_no Scrap paper \_\_\_\_ yes\_\_\_\_\_no

Preferred method to return the exam: Professor will pick up\_\_\_\_\_\_\_\_ Send via campus mail\_\_\_\_\_\_\_\_

**Note**: If exam is not picked up within 48 hours of the exam, it will be returned via campus mail.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Name of Professor Signature of Professor Date

**We strongly encourage you to e-mail the exam to us so it can be adapted for assistive technology:**

**Stacey DeFelice:** [**defelices@oldwestbury.edu**](mailto:defelices@oldwestbury.edu) **OR Natalie Caesar:** [**caesarn@oldwestbury.edu**](mailto:caesarn@oldwestbury.edu)

**Otherwise, please deliver exam & this completed form in a sealed envelope at least 1 day prior to exam date to OSSD, NAB 2064**. **Clearly mark the envelope “ATTENTION: OSSD, EXAM: CONFIDENTIAL”.**

\*\*\***Please do not put the student’s name on the envelope.**\*\*\*

The OSSD hours are: Monday-Friday: 9:00 am- 5:00 pm (Other hours by appointment) Phone: (516) 876-3009