

YESHIVA UNIVERSITY
Office of Disability Services

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**EXAM IN A REDUCED DISTRACTION LOCATION
FACULTY REQUEST FORM**

Please submit this form at least one week before exam.

Professor:	STUDENT NAME(S):
Course title:	
Date of exam:	Professor's Email:
Class Start time of exam:	Cell phone (during exam):

METHOD FOR EXAM DELIVERY BY INSTRUCTOR TO ODS:

<input type="checkbox"/> E-mail to wilfexams@yu.edu or berenexams@yu.edu
<input type="checkbox"/> Drop off at ODS office by:

PLEASE CHECK THE MATERIALS YOU ARE PERMITTING FOR THIS EXAM:

<input type="checkbox"/> Textbook	<input type="checkbox"/> Class notes
<input type="checkbox"/> Laptop use – student's personal computer	<input type="checkbox"/> Formula sheet
<input type="checkbox"/> Calculator (specify type)	<input type="checkbox"/> Other

**PLEASE INDICATE YOUR PREFERENCE FOR COMPLETED EXAM DELIVERY.
YOUR EXAM WILL BE EMAILED TO YOU UNLESS YOU SPECIFY OTHERWISE.**

<input type="checkbox"/> Scan and email exam to professor
<input type="checkbox"/> BEREN: Professor will pick up exam in Student Affairs office – 215 Lex, 5 th floor , att. Betty Kam
<input type="checkbox"/> WILF: Professor will pick up exam in Disability Services office - 500 West 185 th Street, att. Jermaine King