

PETITION FOR EXAM ACCOMMODATIONS

PLEASE PRINT ALL INFORMATION

Name: _____ NSU ID #: N _____
Last First MI

Address: _____ Phone: _____

(Please check one)

I am currently approved for exam accommodations by the Law Center, Office of Student Affairs
(Complete only section 3)

I am not currently approved for exam accommodations by the Law Center, Office of Student Affairs
(Complete sections 1 through 3)

Please note the special accommodations you are requesting: _____

2. Please explain the need for these accommodations (use back of form if necessary). _____

Supporting documentation is required. The documentation should provide information identifying the reason(s) for the requested accommodation(s) and should note the recommended accommodation(s). For illness or other related problems, a letter from your physician (on letterhead) must be included.

Students are required to take examinations at the regularly scheduled date and time unless their absence has been excused by Student Affairs, in which case a make-up examination will be scheduled. Student Affairs has the discretion to reschedule a final examination, at the request of the student, only based upon an emergency or a student's disability, or because the student has two or more examinations scheduled on the same calendar day. Student Affairs will not reschedule an examination because of a student's vacation plans, airplane flights, or similar personal decisions. In the event that an examination is rescheduled, for whatever reason, it will be rescheduled only for a date later than the date on which the examination is originally scheduled to be given.

If you have two exams on the same day, list your entire exam schedule below so we can accommodate you accordingly.

3. Please note below the exam(s) you are requesting accommodations for. Please circle if you plan to type the exam on a computer:

	<u>Course Name</u>	<u>Professor</u>	<u>Exam Date</u>	<u>Type on Computer</u>
1.	_____	_____	_____	Yes or No
2.	_____	_____	_____	Yes or No
3.	_____	_____	_____	Yes or No
4.	_____	_____	_____	Yes or No
5.	_____	_____	_____	Yes or No

Signature: _____ Date: _____