

Touro Law Center
Office of Student Services Exam Accommodations Form

Name: _____

Date: _____

Address: _____

Phone (home): _____

Phone (business): _____

Email: _____

Year (circle one): 1 2 3 4

Status (circle one): FTD PTD PTE LL.M.

Please list information for ALL exams:

1. _____
Course Name Professor Exam Date Exam Time

2. _____
Course Name Professor Exam Date Exam Time

3. _____
Course Name Professor Exam Date Exam Time

4. _____
Course Name Professor Exam Date Exam Time

5. _____
Course Name Professor Exam Date Exam Time

6. _____
Course Name Professor Exam Date Exam Time

Action Requested: _____

Student Signature: _____

FOR OFFICE USE ONLY

Disposition: _____

Date: _____

Signature: _____