

Learning Center Final Exam Student Accommodation Form 635, 1*

Please complete a section of this form for each exam you will be taking in the Learning Center.

You MUST get your professor's signature.

Complete ALL Information with your PROFESSOR so we may provide you with any necessary assistance.

Please call us at 757-233-8702 if you have questions!

Name: _____ Course/Subject: _____ EXAM #1

Professor: _____ Professor ¶ V 6 L J Q D W X U H B B B B B B B B B B B B B I

Please circle the date and time the student will be taking the exam:

0 D \th () U L.)
 0 D \th (6 D W.)
 0 D \th (Mon.)
 0 D \th (Tues)
 8-10:30am 11:30am-2pm 3-5:30pm

Questions for the Professor:

x Computer Needed: Yes No

x Any Special Instructions (Unlimited Time, Open/Closed Book, Calculator Allowed, etc.)?

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Name: _____ Course/Subject: _____ EXAM #2

Professor: _____ Professor ¶ V 6 L J Q D W X U H B B B B B B B B B B B B B I

Please circle the date and time the student will be taking the exam:

0 D \th () U L.)
 0 D \th (6 D W.)
 0 D \th (Mon.)
 0 D \th (Tues)
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