

PETITION FOR EXAM ACCOMMODATIONS FINAL EXAMS

Name: _	NSU ID #: N_
	First
Phone: _	Email:
(Please (c One)
	currently approved for exam accommodations through the Office of Student Disability Services. Inplete only section 3)
	not currently approved for exam accommodations through the Office of Student Disability Services. inplete sections 1-3)
1. Pleas	e the special accommodations you are requesting:
disability	numentation is required. Please visit www.nova.edu/disabilityservices to view the University's guidelines for mentation and requesting accommodations. For illness or other related problems, a letter from your physician (on it be included.
Student A submitting examinati scheduled airplane f	quired to take examinations at the regularly scheduled date and time unless their absence has been excused by , in which case a make-up examination will be scheduled. Students may request the rescheduling of an exam by equest for Exam Accommodations form to Student Affairs. Student Affairs has the discretion to reschedule a final day based upon an emergency or a student's disability, or because the student has two or more examinations are same calendar date. Student Affairs will not reschedule an examination because of a student's vacation plans, or similar personal decisions. If an examination is rescheduled, for whatever reason, it will be rescheduled only for atter than the date or time on which the examination is originally scheduled to be given.
If you ha	wo exams on the same day, list your entire exam schedule below so we can accommodate you
9	se Name Professor Exam Date
1.	
2.	
3.	
5.	
6.	
Signatur	Date