Learning Center Final Exam Student Accommodation Form FALL 2024

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's Signature:				
Please circ	cle the date and	d time the studen	t will be taking	g the exam:	
December 12 th (Thur.)	December 13 th	(Fri.) Decemb	oer 14 th (Sat.)	December 16 th (Mon.)
	8-10:30am	11:30am-2pm	3-5:30pm		
Questions for the Profes	ssor:				
Computer Needed:	Yes	No			
Any Special Instru			losed Book.	Calculator Allow	ed. etc.)?
Professors, please	e don't forget to	bring the exam to	the Learning	Center. ~Thank yo	<u>ou</u>
Professors, please	e don't forget to	bring the exam to	the Learning	Center. ~Thank yo	<u>ou</u>
Professors, please					
	C	ourse/Subject: _			
Name:	C P	ourse/Subject: _	ure:		
Name:	C P cle the date and	ourse/Subject: _ rofessor's Signat d time the studen	ure:t will be takin	g the exam:	EXAM #2
Name: Professor: Please <i>circ</i>	C P c/e the date and December 13 th	ourse/Subject: _ rofessor's Signat d time the studen	ure:t will be taking	g the exam:	EXAM #2
Name: Professor: Please circ December 12 th (Thur.)	Cle the date and December 13 th 8-10:30am	ourse/Subject: _ rofessor's Signat d time the studen (Fri.) Decemb	ure:t will be taking	g the exam:	EXAM #2
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