

SDS Office-Kennesaw
 Kennesaw Hall, Room 1205
SDSTesting@kennesaw.edu
 470.578.3197

EXAM COVER SHEET

SDS Office-Marietta
 Student Center, Suite 160
SDSTesting@kennesaw.edu
 470.578.7361

Complete and submit this form with each exam
*****Exams are due by 4PM one business day prior to the exam date*****

Student Name: _____ Course Name/Number: _____

Exam Date: _____ Class Exam Time: _____

Permission to take exam outside of class date/time? Yes No

Faculty Name: _____ Phone: _____

Preferred E-mail: _____

Amount of time entire class is allowed for testing: _____

- **Note:** SDS Staff *will* adjust time to reflect accommodations specified on the Faculty Notification Letter.

Materials allowed in exam area (mark all that apply):

- | | | | |
|------------------|---------------------|---------------------------|---------------|
| Scratch Paper → | Discarded | Returned with exam | |
| Calculator → | Graphing/Scientific | Scientific (Non-graphing) | Four Function |
| Notes | | | |
| Textbook | | | |
| Computer | | | |
| None | | | |
| Other (Identify) | _____ | | |

Special testing instructions:

Method of Completed Exam Return:

- E-mail as attachment
- Pick up (will need to pick up at from the SDS Office of student appointment-check email confirmation)
- Campus mail to Mail Drop: _____ Department: _____

OFFICE USE ONLY:

Exam Received: ____/____/____ Exam Administered: ____/____/____ :____ to ____:____
 Proctored by: _____ Exam Room: _____ Seat #: _____ Scanned: ____/____/____
 Exam returned to: _____ on ____/____/____ Time: _____