

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*****

By filling out this Cover Sheet, you are agreeing to the date and time of the appointment that the student scheduled

Student Name: _____ Course Name/Number: _____

Exam Date: _____ Class Exam Time: _____

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:

Return Method:

All exams and quizzes will be returned via email.

OFFICE USE ONLY:

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