

SDS Office-Kennesaw Kennesaw Hall, Room 1205 SDSTesting@kennesaw.edu 470.578.2666

## **Test 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

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Student Name:			
Course:			
Faculty Name:			<u></u>
Faculty Cell Phon	e and Email:		
Exam Date and Ti (Please note that the appointment)	by filling this out a	nd returning it to SDS you ar	e approving the date and time the student scheduled
Exam Format:	Paper	Online	Both
Password (if exan	n is online):		
			ns to reflect accommodations specified on the Facult ssor to reflect the student's accommodations)
Materials allowed	d in exam area (ma	rk all that apply)	
Scratch pape	er		Textbook
Calculator (s	specify below)		Computer
Notes			No Materials Allowed
Note Card (s	specify size below)		
Special Testing In	structions:		
	f Completed Exam	•	
E-mail as attachment Submit through D2L or another online platform			
	•	•	
			ent appointment-check email confirmation)
Campus mai	I to Mail Drop:	Department:	
OFFICE USI	E ONLY:		
Exam Receive	ed://	Exam Administered:/	/ Time::to:
		Exam Room: on/	Seat #: Scanned: // _/Time:
LAMIII ICUIIIC	ı	UII	i iii.