



SDS Office-Kennesaw
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470.578.3197

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470.578.7361

Test Cover Sheet

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

Student Name: _____

Course: _____

Faculty Name: _____

Faculty Cell Phone and Email: _____

Exam Date and Time: _____

(Please note that by filling this out and returning it to SDS you are approving the date and time the student scheduled the appointment)

Length of Exam: _____

(Note that SDS will adjust the testing time to reflect accommodations specified on the Faculty Notification Letter)

Materials allowed in exam area (mark all that apply)

Scratch paper	Textbook
Calculator (specify below)	Computer
Notes	None

Special Testing Instructions:

Return Method of Completed Exam:

E-mail as attachment
 Submit through D2L or another online platform
 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: ___/___/___ Time: ___:___ to ___:___
 Proctored by: _____ Exam Room: _____ Seat #: _____ Scanned: ___/___/___
 Exam returned to: _____ on ___/___/___ Time: _____