

Please note the following:

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Instructor Responsibilities

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Instructor hand delivers Test and Test Cover Sheet

Instructor emails Test and Test Cover Sheet to SDS Testing

_____ required if immediate return is necessary



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

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

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
 Calculator (specify below)
 Notes

Textbook
 Computer
 None

Special Testing Instructions:

Return Method of Completed Exam:

Email as attachment

Submit through D2L or another online platform

Pick up (will need to pick up at from the SDS Office of student appointments ~~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: _____



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

Student Name: _____ Use the Student's Full Name

Course: _____

Faculty Name: _____

Faculty Cell Phone and Email: _____ Use your cell number so we can contact you if you're out of your office and a student needs assistance

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) the testing time

Only list the time your class gets for the exam. We will do the math for their accommodated 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 Be sure to complete this so we know how to get the test back to you!
- Submit through D2L or another online platform
- Pick up (will need to pick up at from the SDS Office of student appointments ~~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: _____