Please note the following:

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Instructor Responsibilit es

- o

Instructor hand delivers _____ Test and Test Cover Sheet

Instructor emails _____ Test and Test Cover Sheet to SDS Test ng
_____

_____ required if immediate return is necessary

____

_____

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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: _____

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

SDS Office-Marietta
Student Center, Suite 160
SDSTesting@kennesaw.edu
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: _____ | Use the Student's Full Name

Course: _____

Faculty Name:_____

Use your cell number so we can contact you if you're out of your office and a student needs assistance

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) the testing ti

Only list the time your class gets for the exam. We will do the math for their accommodated time.

e 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

Be sure to complete this so we know how to get the test back to you!

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