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TestCoverSheet

SDSOffice-Marietta StudentCenter,Suite

470.578.7361

Completeand submitthis form with eachexam ****Exams are due by 4PM one business day prior to the examdate ***

Student Name: _				
Course:				
Faculty Name:				
FacultyCellPhone	eand Email:			_
Exam Date and in (Please note that the appointment)	y filling this out a	nd returnin g to SDS you	are approving the date and ti	me the student scheduled
Exam Format:	Paper	Online	Both	
Password(if exam	is online):			
	r. Online exams r	nuisse updated by the prot	d exameflect accommodation fessoto reflect the student's a	
Scratch pap	er		Textbook	
Calculator (specify below)		Computer	
Notes			No Materials	Allowed
Note Card (s Special Testing Ir	pecify size belov nstructions:	v)		
Return Methodof E-mailas atta Submit throu	•			

Pick