

**TEST COVER SHEET**  
Kennesaw State University  
Student Disability Testing Services



Student Success Services  
Student Disability Services

**SDS Office-Kennesaw**  
Student Center, Room 267  
[SDSTesting@kennesaw.edu](mailto:SDSTesting@kennesaw.edu)  
470.578.2667

**SDTS Testing Accommodation Center-Kennesaw**  
Kennesaw Hall, Room 1209  
[SDSTesting@kennesaw.edu](mailto:SDSTesting@kennesaw.edu)  
470.578.3197

**SDS Office-Marietta**  
Student Center, Suite 160  
[SDSTesting@kennesaw.edu](mailto: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 test date\*\*\***

Student Name: \_\_\_\_\_ Course Name/Number: \_\_\_\_\_

Test Date: \_\_\_\_\_ Class Testing Time: \_\_\_\_\_

Permission to test outside of class date/time?      Yes      No

Faculty Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred E-mail: \_\_\_\_\_

Amount of time entire class is allowed for testing: \_\_\_\_\_

- **Note:** SDS Testing Staff *will* adjust time to reflect accommodations specified on the Faculty Notification Letter.

**Materials allowed in test area (mark all that apply):**

Scratch Paper →	Discarded	Returned with exam	
Calculator →	Graphing/Scientific	Scientific (Non-graphing)	Four Function
Notes			
Textbook			
Computer			
None			
Other (Identify) _____			

Special testing instructions:

\_\_\_\_\_

\_\_\_\_\_

**Method of Completed Test Return:**

E-mail as attachment

Pick up (will need to pick up at testing location of student appointment-check email confirmation)

Campus mail to Mail Drop: \_\_\_\_\_ Department: \_\_\_\_\_

**OFFICE USE ONLY:**

Test Received: \_\_\_/\_\_\_/\_\_\_      Test Administered: \_\_\_/\_\_\_/\_\_\_      \_\_\_:\_\_\_ to \_\_\_:\_\_\_

Proctored by: \_\_\_\_\_ Test Room: \_\_\_\_\_ Seat #: \_\_\_\_\_ Scanned: \_\_\_/\_\_\_/\_\_\_

Test returned to: \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_      Time: \_\_\_\_\_