

*Academic Services*

**EXAM COVER SHEET**

**STUDENT NAME**

Date and time that test must be taken on:

Scantron color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHEATING POLICY:**

I am aware of and understand the Kent State University Administrative Policy regarding student cheating and plagiarism (Policy Register 3342-307). Which states students must perform their academic work according the standards set by Kent State University at Ashtabula; therefore if cheating occurs, appropriate sanctions will be applied at the discretion of the instructor.

**Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No cell phones, book bags or water bottles and or other drinking apparatus. You may Not leave this testing area. The only items allowed in the testing area, are the items written by your Instructor in the accommodations box.**

ALL BOOKBAGS, NOTEBOOKS, COATS/JACKETS AND PURSES ARE TO BE LEFT ON THE BACK WALL. YOU ARE NOT TO HAVE YOUR CELLS PHONES OUT. THEY ARE TO BE ON THE TABLE IN THE BACK OF THE ROOM.

COURSE

FACULTY

PHONE

**Time Limit**

If not taken, test will be returned the same week.

[**tbates@kent.edu**](mailto:tbates@kent.edu) **44255**

**This box to be used by the Office of Academic Services**

**Date Test Received:**

**Date Exam Taken By:**

**Time Left: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ACCOMMODATIONS:

**Special notes:**

**Calculator**

\_\_\_\_\_\_DELIVER TO MAILBOX

\_\_\_\_\_I WILL PICK UP FROM LIBRARY