

OPTICAL SCANNING SERVICES FORM

FOR OFFICE USE ONLY

___ KEY ___ QUESTIONS

FILENAME: _____

NO. OF SHEETS SCANNED: _____

JOB NUMBER: _____

INSTRUCTOR: _____

DEPARTMENT: _____

DATE: _____ **NEED BY:** _____

PHONE: _____

SIGNATURE: _____

EXAMS **SIMPLE SCORING** (This is only the raw score printed on each student's exam -- NO PRINTOUT)

COURSE NAME: _____

EXAM TITLE: _____

SECTION: _____

EXAM DATE: _____

LAST QUESTION NO: _____

POINTS POSSIBLE: _____

SPECIAL SCORING: _____

STANDARD EXAM PACKAGE (statistics, grade listing, item analysis)

OTHER OPTIONS:

STANDARD EXAM PACKAGE + GRADE LISTING BY ID

STATS, GRADE LISTING + GRADE LISTING BY ID ONLY

STATISTICS AND GRADE LISTING ONLY

IF YOU WOULD LIKE YOUR RESULTS SENT BY EMAIL, PLEASE INDICATE REQUESTED RESULTS, AND PROVIDE YOUR EMAIL ADDRESS:

ADDITIONAL COMMENTS _____

FORMS SOLD (1 BOX = 500 SHEETS)

BLUE NO. OF SHEETS: _____

RED NO. OF SHEETS: _____

GREEN NO. OF SHEETS: _____

CAMPUS ADDRESS: _____

(if sheets need to be mailed)

SPECIAL FORMS (LOCAL PRINT) NO. OF SHEETS: _____

(NO. OF SHEETS X \$.15 = TOTAL COST) _____

SPECIAL PROGRAMMING

TITLE: _____

DESCRIPTION _____
