OPTICAL SCANNING SERVICES FORM

INSTRUCTOR: _____________________________

DEPARTMENT: ___________________________

DATE: ___________ Need By: ____________

PHONE: ___________________ SIGNATURE: ____________________

FOR OFFICE USE ONLY

--- Key --- Questions

FILENAME: _____________________________

No. of SHEETS SCANNED: _______

JOB NUMBER: _________________________

--- 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

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Additional Comments

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FORMS SOLD (1 box = 500 sheets)

○ Blue No. of Sheets: ________

○ Red No. of Sheets: ________

○ Green No. of Sheets: ________

Special Forms (Local Print) No. of Sheets: ________

(No. of sheets x $.15 = Total Cost) ________

Special Programming

Title: ____________________________

Description ______________________

______________________________________________________________________

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