

FACULTY TEST SCORING REQUEST FORM

Multiple versions should be individually-bound

I. Course & Test Demographics:

Number to Call when Ready (A blank indicates not to call you): _____

Course Prefix/Number/Section: _____

Instructor: _____

Exam Title: _____

Multiple Versions: (If yes, list the other tests): _____

Number of Questions on Exam: _____ Maximum Points Per Question: _____

II. Examination Services

Please select from the following: **(campus email used)**

Please Select Reports:	Please Select Format:
<input type="checkbox"/> Individual Student Score Report	<input type="checkbox"/> Paper <input type="checkbox"/> PDF/2 CSV Files : File one, each student's answers; Second file, questions the student answered incorrectly.
<input type="checkbox"/> Exam Roster Report	<input type="checkbox"/> Paper <input type="checkbox"/> PDF/CSV Files
<input type="checkbox"/> Exam Analysis	<input type="checkbox"/> Paper <input type="checkbox"/> PDF File
<input type="checkbox"/> Answer Key Analysis	<input type="checkbox"/> Paper <input type="checkbox"/> PDF File
<input type="checkbox"/> Score Distribution Graph	<input type="checkbox"/> Paper <input type="checkbox"/> PDF File

OFFICE OF ACADEMIC TESTING USE ONLY CONFIRMATION CODE: _____