Testing Services

Request for Exam Scoring

Please note that there is a 24-hour processing time for all exam scoring requests.

Name: ______________________  Phone: ______________________  Email: ______________________

Date Submitted: _____________  Time Submitted: ________________ AM/PM

Department: ____________________  Course: ____________________

*Testing Services can return forms to the instructor via campus mail per your request. You MUST provide an envelope with your name & campus box number. Would you like your forms returned via campus mail?  Yes  No  (circle one)

To ensure correct results, please answer the following questions:

1. What is the approximate number of answer sheets (include key)? __________
2. How many questions are being scored on this exam? __________
3. Have you skipped any items?  Yes  No  (circle one)
   a. If yes, do you wish for them to be counted in the total?  Yes  No  (circle one)
4. Do any questions have more than one correct answer?  Yes  No  (circle one)
   a. If yes, how many answers must be selected?  (Only select i or ii)
      i. Student must select one response choice ___
      ii. Student must select all response choices ___
5. Are there any questions to be graded as “extra credit”?  Yes  No  (circle one)
   a. If yes, please indicate the question number(s) and the point value to be awarded for each.

Please ensure that:

• the answer key includes only the items you wish to have scored
• all answer sheets are facing the same direction
• all student responses are in pencil
• all students have filled in the bubbles for their names and/or ID number

Services Requested

Sort by name: ______  Sort by ID: ______ (select only one)

*All files will be e-mailed as PDF files unless otherwise noted.*

<table>
<thead>
<tr>
<th>Choices</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ Student Statistics Report</td>
<td>Statistical data related to the performance of each student.</td>
</tr>
<tr>
<td>___ Student Response Report</td>
<td>A matrix of students and their responses including total score, percentage, and grade. Incorrect items are highlighted.</td>
</tr>
<tr>
<td>___ Raw Data</td>
<td>(Excel Document) Key and student responses</td>
</tr>
<tr>
<td>___ Student Grade Report</td>
<td>Individual student reports with student responses and correct answers.</td>
</tr>
<tr>
<td>___ Condensed Test Report</td>
<td>Condensed statistical analysis of each question on the test.</td>
</tr>
</tbody>
</table>

Received by: ______________________  Date: ______________________  Time: ______________________ AM/PM

If you have questions, please call Testing Services at x2295 or x2826.