

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.

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

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

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