

Testing and Assessment Faculty Request for Scanning Services

Date Received: _____ Received By: _____

Instructor: _____ Department: _____

Phone/Extension: _____

Return Scanned Tests: Instructor to Pick Up Inter Office Mail

E-mail Address: _____

NOTE: The original scanned answer sheets will be retained by the Test Center in case rescanning is requested by the instructor.

Course/No: _____ **Test #:** _____

Section No: _____

Remark Scanning Reports (Please check which report you want to receive)	
<input checked="" type="checkbox"/>	Student Grade Report (default report)
<input type="checkbox"/>	Test Statistics Report
<input type="checkbox"/>	Student Statistics Report
<input type="checkbox"/>	Item Analysis Graph Report
<input type="checkbox"/>	Class Frequency Distribution Report

Specific Instructions:
