

# EXAMINATION SCORING REQUEST

Insert this corner into the time stamp

Phone Number for Pickup (**Local # Only**) \_\_\_\_\_

Instructor's Name \_\_\_\_\_

Course Prefix and Number \_\_\_\_\_

Test Date \_\_\_\_\_ Test Name and Number \_\_\_\_\_ (I.E. exam 1, quiz 2, etc.)

Number of Test Questions \_\_\_\_\_ Number of Students Exact \_\_\_\_\_ Approx. \_\_\_\_\_

Omitted Responses \_\_\_\_\_ (Please indicate the # and erase from key)

## CHECK SERVICES REQUESTED

- \_\_\_\_\_ Alphabetical Listing
- \_\_\_\_\_ Student ID Listing
- \_\_\_\_\_ Listing by Descending Raw Score
- \_\_\_\_\_ Item Analysis
- \_\_\_\_\_ Frequency Distribution
- \_\_\_\_\_ Test Score Distribution

Student Feedback Sheets  
(not available during finals or when rescoring exams)

- \_\_\_\_\_ One sheet per student
- \_\_\_\_\_ All students combined

Files on disk: (MUST provide 3 ½ " blank IBM formatted disk or CD)

- \_\_\_\_\_ Separate Files (ID, name, and raw score)
- \_\_\_\_\_ Merged Files (ID, name, and raw score)
- \_\_\_\_\_ Posting Printouts (Name and ID *plus* listing by last 4 ID numbers)

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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