REQUEST FOR TEST SCORING

Name: _____   Ext: _____

Department: _____   Course Code: _____

Number of Questions: _____   Total Points: _____

Did you provide answer key? _____

SCORED AND ANALYSIS REPORTS REQUESTED:

Detailed Item Analysis .... _____
List of Scores by ID (i.e. WIN, num) ..... _____
List of Scores by Name (see Note 1) ...... _____
Student Response Sheets .... _____

Attach this sheet to your answer key and enclose them in a file folder or envelope with students' test sheets. Deliver the package to dispatch window in Bennett 104 for processing.

Note – 1   If you wish to have the tests scored with the name of the students printed, students need to enter their WIN (without the "W") on their answer sheet left justified in the *Student ID Number* box. If their WIN, or any other number, is entered that the system does not recognize, the results will print out the number entered instead of their name.

Note – 2   Faculty MUST prepare the key for the test and return it with this form.

WE STRIVE FOR A TWENTY-FOUR (24) HOUR TURN AROUND SERVICE FROM THE TIME TEST IS DROPPED OFF

For ISS USE ONLY:

File Name Used: _____   Scorer's Name: _____

Date/Time Received: _____

Date/Time Scored: _____