** This form is to be filled out using Adobe Acrobat Reader. There's a separate form for hand-written entries. If you hand write on this form, it may be rejected.

	<u>Campus</u>
OpScan 21 Last modified: 12/18/	Exam Grading Scan Request Form Date:
Last Name:	First Name:
	Dhana #.
Department:	Phone #:
Authorized persor	n(s) to pickup test/scan results (must show ID):
Person 1:	Person 2:
	On the back of each KEY sheet, fill in ' A ' and ' I ' in the "DO NOT WRITE" space. On the WEIGHT sheet (if there is one), fill in the ' B ' and the ' II ' in the "DO NOT WRITE" space.
COMPLETE THE	FOLLOWING:
Test Identification:	Acct/Project # (optional):
Number of Objective	e Questions (Exam Questions):
Number of Verbal Qu	uestions: List Rejected Questions here:
Question Group	oing - If you're grouping questions, identify which questions are associated with each group:
Qty: G	Group 1: Qty: Group 2:
Qty: G	Group 3: Qty: Group 4:
Qty: G	Group 5: Qty: Group 6:
Qty: G	Group 7: Group 8:
Qty: G	Group 9: Qty: Group 10:
	SCAN RESULT OUTPUT OPTIONS:
STRUCTOR OUTPU	Number of Copies of Instructor Output: Print output? Yes No
Do you want	t Frequency Distribution & Statistical Output? Yes No
	Sort by: Name Yes No
	Raw Score Yes No
	S pecial Codes Yes No
	Weighted Score Yes No
	U K ID Number Yes No
UDENT OUTPUT:	Do you want a report for each student showing their results? Yes No
	Sort by: NAME (or) SPECIAL CODES
MAIL OUTPUT:	Output files to be e-mailed: O.csv O.out O.dat None
:	e-mail 2:
nal Comments:	
T WRITE IN THIS A	AREA - FOR DATA CENTER USE ONLY. Scanner Program Name: Test Tenresp
	Sheets: Dataset Name:
a completed by:	Time: If Poscannod: