

Academic Exam & Evaluation Processing Form

Instructor Name _____

Date _____

Instructor Email _____

TA Name _____

Department _____

TA Email _____

Phone _____

Please print all information and instructions legibly.

For Evaluations:

Only the contact information on this form needs to be filled in and submitted with a header sheet(s).

For Exams:

All instructions on this form are required by ITS and should be submitted with the answer key(s). Bubble sheets must be filled out with a #2 pencil. The scanner does not read ink or permanent marker. Please arrange all sheets so that they face the same direction (each sheet should face up with all questions running the same direction). The key must be the first sheet in the batch. Estimated turnaround time is 24 hours, and 48 hours for week 14 and exam week. Exams are processed Monday through Friday.

Call 419-372-0999 to confirm your exam/evaluation is ready for pickup.

Title On Report _____

(Example: UNIV 1000 Exam 3 - MM/DD/YY)

Instructions for Exams:

- How many questions on exam(s)? _____
- How many sections need to be graded? _____
 - Combined runs are only available with a single answer key.
 - Would you like the sections run (please circle) **Separate** or **Combined**?
- Secondary Key (a specific question has a secondary answer)? (circle) **Yes** or **No**
- Weight Key? (circle) **Yes** or **No**
- Student Grade Report? (circle) **Yes** or **No**
- Condensed Item Analysis Report? (circle) **Yes** or **No**
- Test Statistics Report? (circle) **Yes** or **No**
(Examples of reports can be viewed at <https://bgsu.teamdynamix.com/TDClient/KB/ArticleDet?ID=7145>)
- If you have a test question(s) where all the responses are to be counted as correct, please indicate the question number(s):

- Additional Comments? (circle) **Yes** or **No** -- Please add comments on the back of this form.

ITS USE ONLY

Ticket Number: _____

Destruction Date: _____