ACADEMIC EXAM AND EVALUATION
PROCESSING FORM

Name _______________________________  Date __________________________
Department __________________________  Phone _________________________
E-mail ________________________________  Instructor Name ________________

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. Clients can expect their exams to be graded by ITS in 24 hours from the drop off time and date.

Call 372-0999 to see if your test is ready to be picked up.

Title on report: ________________________________________________________

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 (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 Item Statistics Report? (circle) Yes or No
  (examples of reports can be viewed here: http://www.bgsu.edu/its/tsc/self-help/page85031.html)
• If you have a test question(s) where all the responses are to be counted as correct, please indicate the question(s) number(s):

____________________________________________________________________

• Additional Comments: (circle) Yes or No – Please comment on the back of this sheet