

Scoring Services Request Form

Instructor: _____, _____ Dept: _____ Ext: _____
Last Name First Name

Course: _____ Section: _____ Test Name: _____

Campus Mail Address: _____

O: I do NOT want my bubblesheets mailed back to me. I will pick the completed tests up within a week of notification.*

*If tests are not picked up within a week of completion, we reserve the right to mail them.

I would like the scores sent via email to my: _____ Please Choose the Digital format:
Excel: O PDF : O

O: FirstClass: O: Other E-Mail: _____

By default all reports (electronic OR printed) will include:

- Individual test results
- Individual item responses
- Item analysis
- Relative frequency distribution
- Genlist
- Histogram

O: Merge multiple test groups into a single genlist.

O: (Default) YES, I want the scores printed at the bottom of the test sheets. O: NO, I DO NOT want the scores printed at the bottom of the test sheets.

Special Instructions: