EXAM SCANNING REQUISITION FORM

February 23, 2024

Drop off Date: _____ Department: _____

Account Number: _____ Course Code: _____

Name: _____ Email: _____

REQUESTED SERVICE

☐ OMR   Scan & Process Exam (Emailed Results)   ☐ Crowdmark Upload locations:_____

DOCUMENTATION RETURN METHOD

☐ Pick Up *Please note: If not picked up, answer sheets will be securely disposed of after three months*

☐ Internal Mail

☐ Courier
☐ FEDEX
☐ Secure Disposal

Shipping Address: _____

GENERAL INFORMATION AND OMR REPORT SPECIFICATIONS

Exam Name: _____   Number of Exams:_____

OMR USE ONLY - POINT VALUE PER QUESTION

Note: use this feature to calculate an overall exam score desired to be other than 100

☐ 1 Point   ☐ Other _____

For varying point values please indicate:
(e.g., Questions 1-50=1 point, Questions 51-60=0.5 points)

_____

_____

Student Grade Reporting: ☐ Yes   ☐ No

ANSWER KEY CHANGES / OTHER NOTES

_____

_____

_____

_____

CATEGORIES: ☐ YES   ☐ NO

If yes, please indicate number of categories and the questions in each category:

Category Number	Category Name	Questions in Each Category (e.g., 1-15)
1		
2		
3		
4		
5		
6		
7		
8		
9		

FOR OFFICE USE ONLY

Job Number: _____

Number of versions: _____   Total sheets: _____

Date scanned and processed: _____By:_____

Emailed Results: _____By:_____

Scanning: $ _____

Processing: $ _____

Other: $ _____

Total: $ _____