

Office of Information Technology  
111 Cummington Street  
Boston, MA 02215  
Tel: 617-353-6260 Fax: 617-353-6260



# REQUEST FOR TEST SCORING SERVICES

- At the beginning of the semester, please fill out this Request Form for all scheduled exams, **including** finals.
- Please submit Request Form for the entire semester at least **one week** prior to the first scheduled exam.
- If only scheduling for Final Exam, please submit Request Form **two months** prior to the exam date.
- Submit answer key at least **two days (Monday – Friday)** prior to each scheduled exam. Late requests or late answer keys will result in a delay in processing the exam.

REQUISITION NO. \_\_\_\_\_

Professor's Name \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

School/ College \_\_\_\_\_ Course Number \_\_\_\_\_ Section \_\_\_\_\_

**EXAM WILL BE DROPPED OFF TO IT OFFICE ON:**

Date \_\_\_\_\_ Time \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

**Scoring Formula:**

- Raw Score (1 point each question)
- Score based on 100%
- Other: \_\_\_\_\_

**Whole class scores sorted by (pick at least one):**

- Name
- Identification Number
- Section/Version
- Scores
- Other: \_\_\_\_\_

**Options:**

- Item Analysis (P-diff, P-biserial, % and correct answer marked)
- Statistics (Mean, Std Dev, Test reliability, Histogram)
- Send scores via email (E-Mail Address) \_\_\_\_\_
- Download scores to diskette
- Other: \_\_\_\_\_

---

(For OIT/Scanning Service Use Only)

**IN:** Date \_\_\_\_\_ Time \_\_\_\_\_ # of Sheets \_\_\_\_\_ Signature \_\_\_\_\_

**OUT:** Date \_\_\_\_\_ Time \_\_\_\_\_ Signature \_\_\_\_\_