

# OPSCAN Request Form for Exam Grading

Staff Use Only	
Date:	___/___/___
Time:	_____
Initial:	_____

Night Drop, # of envelopes: \_\_\_\_\_

Exam #: \_\_\_\_\_

Quiz #: \_\_\_\_\_

Other: \_\_\_\_\_

Total #: \_\_\_\_\_

COURSE INFORMATION							
SUBJECT			COURSE #			SECTION #	
Is this course cross-listed?: _____							

Semester: \_\_\_\_\_

## CONTACT INFORMATION

Instructor: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail (Prof/TA): \_\_\_\_\_

E-mail (Prof/TA): \_\_\_\_\_

## GRADING CRITERIA

→ # of Answer Keys/Versions: \_\_\_\_\_ → Total # of test questions: \_\_\_\_\_

→ Weighted Questions? \_\_\_\_\_ If yes, points each: \_\_\_\_\_ Total points: \_\_\_\_\_

→ Omitted Questions? \_\_\_\_\_ If, yes indicate which question(s) in box below.

→ Multiple Answers? [AND? \_\_\_\_\_ / OR? \_\_\_\_\_ ] Indicate which question(s) in box below.

V 1/A:	V 3/C:
V 2/B:	V 4/D:

## SPECIAL INSTRUCTIONS (e.g. bonus questions)

→ \_\_\_\_\_

Exam Submitted by (Print Name & ID)	Exam Received by (Print Name & ID)

**\*I agree to pick up the exams within two weeks of e-mail notification!!**

Staff Use Only			
Date Scanned:	Processed by:	Total Count:	E-mailed results: