

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: