**OPSCAN *CHANGE FORM***

**Use this form to make a change after an exam has been processed**

Exam #: __________
Quiz #: __________
Other: __________
Total #: __________
Is this course cross-listed?: __________
Semester: __________

**COURSE INFORMATION**

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>COURSE #</th>
<th>SECTION #</th>
</tr>
</thead>
</table>

**CONTACT INFORMATION**

Instructor: ____________________________________________
Phone: __________________________
E-mail (Prof/TA): ______________________________________

**CHANGES IN GRADING CRITERIA**

**ATTACH CORRECTED ANSWER KEY FOR ANY QUESTION-RELATED CHANGES**

→ Changing an answer? ____ If yes, attach corrected answer key.

→ Adding students to exam? ____ If yes, attach student(s) scantron(s).

→ Dropping Questions? ____ If yes, give credit? ____ Indicate which question(s) in box below.

→ Weighted 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/COMMENTS**

→ ____________________________________________

<table>
<thead>
<tr>
<th>Change Submitted/Authorized by (Prof/TA)</th>
<th>Received by (Prof/TA)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Staff Use Only**

Date: ____/____/_____
Time: ______________
Initial: ______________

Date Scanned: _________  Processed by: _________  Total Count: _________  E-mailed results: _________