### OPSCAN Request Form for Exam Grading

- **Night Drop, # of envelopes:** ______

**Exam Information**

<table>
<thead>
<tr>
<th>COURSE INFORMATION</th>
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<tbody>
<tr>
<td>SUBJECT</td>
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- **Exam #:** __________
- **Quiz #:** ___________
- **Other:** ___________
- **Total #:** __________

- **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.

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<thead>
<tr>
<th>V 1/A:</th>
<th>V 3/C:</th>
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<tr>
<th>V 2/B:</th>
<th>V 4/D:</th>
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**Special Instructions (e.g. bonus questions)**

- ___________________________________________

**Exam Submitted by (Prof/TA) | Exam Received by (Prof/TA)**

- ________________________ | ________________________

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

**Staff Use Only**

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<tr>
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<th>Processed by:</th>
<th>Total Count:</th>
<th>E-mailed results:</th>
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