

OPSCAN *CHANGE FORM*

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

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

Exam #: _____

Quiz #: _____

Other: _____

Total #: _____

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

Semester: _____

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

→ _____

Change Submitted/Authorized by (Prof/TA)	Received by (Prof/TA)

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