**INFORMATION TECHNOLOGY SERVICES**

MARQUETTE OPTICAL Scanning & sCORING

FORM 2: SCAN AND SCORE EXAMS REQUEST FORM

**Four Business Days Turnaround**



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| **IMPORTANT:** To assure prompt processing, this form must be filled out completely.Scanning is processed Monday through Friday between 8 a.m. and 3:30 p.m.Scanning requests will be completed within four business days from time of submission.Please bring your MUID for pickup. |
|  |
| Date: |  |
| Faculty Name (please print): |  |
| Department: |  | Telephone: |  |
| Faculty Email Address: |  |
|  |
| Additional person(s) authorized to pick up forms: |  |
|  |
| Additional person(s) authorized to access SharePoint site: |  |
|  |
|  |
| Exam Number **(ex. 1, 2, or Final):** |  |
| Course Subject **(ex. ENGL):** |  |
| Course Catalog Number **(ex. 1001):** |  |
| Course Section Number **(ex. 101):** |  |
| Number of Answer Key Sheets Submitted (max 9): |  |
|  |
| How many items on test: |  | Points per item on test, e.g. 1.25: |  |
| Essay Point Questions? **(Yes/No)** |  | If yes, total possible essay points, e.g.123.5: |  |
|  |
| Return Forms via campus mail? **(Yes/No)** |  | If Yes, specify location: |       |
| **Please note we are unable to guarantee turnaround time when sent via campus mail.** |
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| **SCORING INSTRUCTIONS** |
| Multiple Answers Correct: **(Key, Question Number, and Correct Answers)** |       |
| Accept All Answers for: **(Key and Question Number)** |       |
|  |
| Special Instructions: |  |
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| Any questions?Please contact IT Services TSAR Team via voicemail at 8-7799 or e-mail TSAR@marquette.edu.**Four Business Days Turnaround** |