

OFFICE USE ONLY	
SCAN DATE:	
SCAN TIME:	
INITIALS:	

Request for Scanning Scoring Test or Course Evaluation Sheets

INSTRUCTOR NAME:		<input type="checkbox"/> HOLD SHEETS FOR PICKUP
DEPARTMENT:		
INSTRUCTOR EMAIL ID:		<input type="checkbox"/> CAMPUS MAIL TO:
ADDITIONAL IDs:		
PHONE #:		

COURSE ID & SECTION	CRN # (LAST 4 DIGITS)	# OF QUESTIONS	# OF KEY OR WEIGHT SHEETS

*If this is for scoring a student test or assessment, leave the follow section blank.
If this is for scoring multiple course evaluation sheets within one department, please fill out the information below. You may leave the instructor information above blank and just fill out the department.*

SECRETARY NAME:		<input type="checkbox"/> THESE ARE COURSE EVALUATIONS. <i>Results will ONLY be sent to this email ID.</i>
EMAIL ID:		
PHONE #:		

Allow at least 48 hours for delivery through campus mail.
We are not responsible for items sent through campus mail.
It is recommended that test sheets be held for pickup during exam week.