

Scanning Request Form

Computer Operations / Scanning Services
Ben Franklin Hall, Ground Floor, Room 15
bloomu.edu/technology/operations

Instructor: Submit completed form with Scantron tests.

Instructor's Name: _____

Department: _____

Telephone Ext.: _____ **Building and Room #:** _____

Email Address: _____@bloomu.edu

How do you want the results delivered? (Please check all that apply.)

<u>Print</u>	<u>E-mail</u>		<u>Report#</u>	<u>Report Name</u>	<u>Sequence</u>		
	<u>PDF</u>	<u>Excel</u>			<u>Name</u> or <u>BU ID</u> or <u>Combined*</u>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	101	Student Statistics Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		103	Class Frequency Distribution Report			
<input type="checkbox"/>	<input type="checkbox"/>		104	Test Statistics Report			
<input type="checkbox"/>	<input type="checkbox"/>		201	Detailed Item Analysis Report			
<input type="checkbox"/>	<input type="checkbox"/>		203	Item Analysis Graph Report			
<input type="checkbox"/>	<input type="checkbox"/>		204	Condensed Item Analysis Report			
<input type="checkbox"/>	<input type="checkbox"/>		207	Test Item Statistics Report	<u>Name</u> or <u>BU ID</u> or <u>Combined*</u>		
<input type="checkbox"/>	<input type="checkbox"/>		301A	Grade Report - Continuous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		301B	Grade Report - Sheet per Student	X		

Special Instructions:

Instructor's Signature: _____ **Date:** ____/____/____

To Be Completed By Computer Operations Staff

Date Received: ____/____/____ **Time Received:** ____:____ **Staff Member:** _____

Scanned
 Graded
 Printed
 Reports E-Mailed

Email _____ Date _____ Q# _____ Sec _____

*Check this box if you would like both Name and BU ID on the same printout.