**INFORMATION TECHNOLOGY SERVICES**

MARQUETTE OPTICAL Scanning & sCORING

FORM 2: SCAN AND SCORE EXAMS REQUEST FORM

**Four Business Days Turnaround**



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | |
| 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.** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **SCORING INSTRUCTIONS** | | | | | | | | | | | | | | |
| Multiple Answers Correct:  **(Key, Question Number, and Correct Answers)** | | | | | | |  | | | | | | | |
| Accept All Answers for:  **(Key and Question Number)** | | | | | | |  | | | | | | | |
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| 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** | | | | | | | | | | | | | | |