



Test Scoring Services
2096 Derring Hall (0438)
www.testscoring.vt.edu
231-5413

Request for Test Scoring and Analysis

This form must be submitted with the answer key(s) and opscans for **EACH** Test. If you need a **RESCORE**, you may call us with the correction(s).

*** = REQUIRED INFORMATION**

***Instructor:** _____ **Phone:** _____

Department: _____ **Date:** _____

***Email (PID):** _____
(@vt.edu not required)

***Course & Course Number:** _____ **CRN:** _____
(e.g., Biol 2104)

***Test Description:** _____
(e.g., Test 1)

***Questions Used:** Numbers 1 through _____
Numbers Omitted: _____

*** Forms/Keys:** If more than one, enter quantity _____ and check one option:
_____ Each form is a scrambled version of the same items
_____ Each form contains different items

Seat Numbers: Check if used _____

Groups: Number of groups, if used _____

Wrongs: Check if you would like a listing of each student's errors _____

***What do you want us to do with your opscans after processing?**

- _____ Mail to the following campus mail code: _____
- _____ I will pick them up
- _____ Recycle after 2 weeks

9/06



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