

Test Scoring Request

www.testscoring.vt.edu/coversheets.html

Testing & Data Services

Office: (540) 231-5413

**Required*

Contact Information:
*Instructor: _____ Phone: _____
*PID: _____ (@vt.edu not required; multiple PIDs allowed; no aliases)
*Course & Number: _____ CRN: _____
*Title: _____ *Date: _____ (e.g., Test 1, Attendance 3, etc.)
Opscan Return (*Pick One):
<input type="checkbox"/> Mail to Campus Code: _____ -OR- <input type="checkbox"/> Pick them up**
** Opscans will be held for 2 DAYS after scanning, after which time they will be mailed back to you through campus mail.
Report Delivery Method (*Pick One):
<input type="checkbox"/> Email** -OR- <input type="checkbox"/> In TDS Drop Box on Scholar
** E-mailed reports will not include student names . Reports with names will be available for download from the "Testing and Data Services" Scholar site.
*Request Description:
TOTAL Questions: _____ -OR- <input type="checkbox"/> Attendance
Total Forms/Keys (1,2,3...): _____ If more than one, choose one option:
<input type="checkbox"/> Each form is a scrambled version of the same items.
<input type="checkbox"/> Each form contains completely different items.
OMIT Questions: _____ (Multiple forms: A15, B7, C3, etc.)
OPTIONAL Processing Requests for Exams:
<input type="checkbox"/> Seat Numbers <input type="checkbox"/> Wrongs Report <input type="checkbox"/> Groups – # _____
<input type="checkbox"/> Unscramble (Excel file required; multiple forms only)
<input type="checkbox"/> Excel CSV File (raw data) <input type="checkbox"/> Pickup Max # _____ <input type="checkbox"/> Cheat Analysis
<input type="checkbox"/> Overall (multiple files only)
Special Instructions: _____

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