

Office of Instruction and Assessment  
**TEST SCORING SERVICES**



Date Ordered Requested:

**INSTRUCTOR CONTACT INFORMATION (RESULTS)**

Name:	
NetId:	
Department:	
Email:	
Phone:	

**BUSINESS MANAGER CONTACT INFORMATION (BILLING)**

Name:	
Email:	
Phone:	
FRS #:	

**TEST SCORING SERVICES**

**Purchasing Forms**

	Quantity Needed:		
	Customization Needed: (\$50/hour fee)		

**Test Scoring**

Course Subject and Number:		Special Instructions:
Test Date:		
Number of Keys:		
Questions worth multiple points?		

**Scoring Reports**

Please check the reports you would like returned:

Test Statistics	<input type="checkbox"/>	Include individual student response sheets?	<input type="checkbox"/>
Frequency Distribution	<input type="checkbox"/>	Include Excel data sheet of student scores?	<input type="checkbox"/>
Score Histogram	<input type="checkbox"/>		
Student Response Report (multiple students per page)	<input type="checkbox"/>	Printed results? (\$0.15/page charge)	<input type="checkbox"/>
Item Analysis	<input type="checkbox"/>		