

OPSCAN SERVICE REQUEST

Grading Intervals:

Results for tests received **before** 2:00 PM will be sent by 7:00 p.m. the next business day.
 Results for tests received **after** 2:00 PM will be sent by 7:00 p.m. of the second business day.

.....
 Instructor: _____ Office Ext: _____

Person Submitting Request if other than Instructor: _____

Results will be emailed to the Instructor's Rockhurst email account.

Special Instructions or requests: _____

.....

Test Name <i>Example: CT1001-Quiz 1 Please do not write down just "Test" or "Quiz" or "Final", etc.</i>	Number of Questions on Test	Number of forms, including Answer Key	Questions To Skip During Grading				
Test 1							
Test 2							
Test 3							

.....
 Notes on completing this form:

- A completed copy of this request form must accompany all tests submitted for scanning.
- The Help Desk will no longer provide blank copies of this form to those submitting tests. It is the responsibility of the faculty member to have and complete this form beforehand and bring it with the test forms to the Help Desk.
- Up to three scan requests may be made on one request form.
- Test forms must be presented face up and facing the same direction. Help Desk personnel will not sort and arrange scantron sheets.
- Please clip or rubber band forms together, with the completed Service Request form on top.
- To avoid scanning errors and/or skewed statistics during the grading process, two or more *consecutive* questions cannot be skipped. In addition, the last question of a test cannot be skipped. If you do not want the last question to be graded, simply do not "bubble" in an answer on that question.
- Remember to return to the Help Desk to pick up your tests after receiving the results in your e-mail.
- If sending someone to pick up tests for you, especially a student, please call the Help Desk first or send a signed note with the person picking up the tests. *This person must present his/her ID card at the Help Desk at the time of pick-up.*
- On your **answer key**, please write 0's (zeros) on the K, L, M, N, O & P line and fill in the first line of bubbles (all the zeros) in the SPECIAL CODES section.

For special information and an example of how to complete your answer key, please see the back of this page.

Received by: _____	Date: ____/____/____	<input type="checkbox"/> Before 2 p.m.	<input type="checkbox"/> After 2:00 p.m.
Completed by: _____	Date: ____/____/____	<input type="checkbox"/> E-mailed results	

In the **NAME** box on the Answer Key, please write **Key**, followed by your course name and a description, such as **Exam 1** or **Final**. **Students** may write their names in the **NAME** box if they'd like or if the instructor so directs. However, please note it is not necessary to fill in any bubbles in the **NAME** bubble section.

Working with "Bubbles"

1. Bubbles must be filled in completely. Check marks, etc., cannot be read by the scanner.
2. Use a heavy lead pencil or a black or dark blue ink pen. Light lead or ink cannot be read by the scanner.
3. You may skip filling in a bubble line if you don't want a question graded, but don't skip two consecutive lines on a test. The scanner won't read any subsequent answer lines.
4. None or one bubble per line, please.
5. Don't ask for the last question on the test be skipped or the scanner will produce an error. Just leave that line blank.

SEE INSTRUCTIONS ON SIDE 2
NAME (Last, First, MI.)

KEY CH4380 EXAM 1

General Purpose Answer Sheet No. 221666

SIDE 1

GRADE OR EDUC

1 ABCDE 11 ABCDE 21 ABCDE 31 ABCDE 41 ABCDE
 2 ABCDE 12 ABCDE 22 ABCDE 32 ABCDE 42 ABCDE
 3 ABCDE 13 ABCDE 23 ABCDE 33 ABCDE 43 ABCDE
 4 ABCDE 14 ABCDE 24 ABCDE 34 ABCDE 44 ABCDE
 5 ABCDE 15 ABCDE 25 ABCDE 35 ABCDE 45 ABCDE
 6 ABCDE 16 ABCDE 26 ABCDE 36 ABCDE 46 ABCDE
 7 ABCDE 17 ABCDE 27 ABCDE 37 ABCDE 47 ABCDE
 8 ABCDE 18 ABCDE 28 ABCDE 38 ABCDE 48 ABCDE
 9 ABCDE 19 ABCDE 29 ABCDE 39 ABCDE 49 ABCDE
 10 ABCDE 20 ABCDE 30 ABCDE 40 ABCDE 50 ABCDE
 51 ABCDE 61 ABCDE 71 ABCDE 81 ABCDE 91 ABCDE
 52 ABCDE 62 ABCDE 72 ABCDE 82 ABCDE 92 ABCDE
 53 ABCDE 63 ABCDE 73 ABCDE 83 ABCDE 93 ABCDE
 54 ABCDE 64 ABCDE 74 ABCDE 84 ABCDE 94 ABCDE
 55 ABCDE 65 ABCDE 75 ABCDE 85 ABCDE 95 ABCDE
 56 ABCDE 66 ABCDE 76 ABCDE 86 ABCDE 96 ABCDE
 57 ABCDE 67 ABCDE 77 ABCDE 87 ABCDE 97 ABCDE
 58 ABCDE 68 ABCDE 78 ABCDE 88 ABCDE 98 ABCDE
 59 ABCDE 69 ABCDE 79 ABCDE 89 ABCDE 99 ABCDE
 60 ABCDE 70 ABCDE 80 ABCDE 90 ABCDE 100 ABCDE

BIRTH DATE: Mo Day Year

IDENTIFICATION NUMBER: A B C D E F G H I

SPECIAL CODES: K L M N O P

Perfect!

INSTRUCTORS: On the Answer Key, please write zeros in the SPECIAL CODES box and fill in all the zeros on the first bubble line.

STUDENTS: Write in your ID number in the SPECIAL CODES box and fill in the appropriately matching bubbles in the bubbles section.

1. Not good; filled in improperly.

2. Not good; these colors won't scan.

3. Not good; cannot skip two consecutive bubble lines on a test.

4. Not good; cannot have more than one bubble filled in per line.

5. If this is last question on the test, but you don't want it graded, just leave it blank.

Please do not write or "bubble" in the **BIRTH DATE** or the **IDENTIFICATION NUMBER** sections on either the Answer Key or on the students' test forms.

DEPARTMENTS, IMPORTANT! PLEASE NOTE!
 Each department is responsible for ordering its own scantron forms. The Help Desk does not provide forms to faculty members for tests. To order forms, please go to www.scantronstore.com and order form no. 221666.