

TEST SCORING REQUEST FORM

Test Scoring
(513) 529-TEST (8378)
testscoring@MiamiOH.edu
MiamiOH.edu/testscoring

ITS USE ONLY	
Test #	_____

THIS FORM MUST BE FILLED OUT WHEN TESTS ARE SUBMITTED FOR SCORING
NEW: ALL SCANTRON FORMS WILL AUTOMATICALLY BE RETURNED VIA CAMPUS MAIL
ALSO: MAKE SURE ALL UNIQUE ID'S ARE FILLED IN OR THEY WILL HAVE TO BE MANUALLY SCORED

IDENTIFICATION:

Instructor's Name _____

Campus Address _____

Phone _____

Instructor's Unique ID _____

Number of answer sheets _____

Department & Course No. _____

Contact Person (*if other than instructor*) _____

TEST COMPOSITION:

Is scramble used? Yes No If Yes, number of keys _____

ITS USE ONLY	
Date Received _____	Time Received _____
Processed Date _____	Actual Number of Answer Sheets _____
Processed By _____	Client Called _____
RECEIVED BY _____	Date _____