

Exam/Survey Scanning Request Form

Instructor's name:		
	FIRST	LAST
Department:	Course no.:	Project name:
Contact informa	tion (if other than instructor):	Phone: ()
	40 1 1 11 11	FIRST/LAST
	(Only hawaii.edu accounts accepted)	
		2:@hawaii.edu
3:		4: @hawaii.edu
Special Instructi	ons:	
Scan type (✓one):	Exam Survey	
Form type (√one):	General Purpose Blue Penn Sta	ate Half Form NCS Orange Form
Exam type (√ one):	Exam with KEY SHEET* Exam v	without Key Sheet
	icated with consecutive "99" in the left more er (General Purpose Form).	ost column of the Student Number (Penn State Form) or
 Condensed Item Ana 	(min, max, mean, sd, percentiles, confiden	use" errors and correcting accordingly. Ince intervals, test reliability (Kuder-Richardson Formula 20 & 21 and
	For CIS	Use Only
Batch #:	ASSIGNED BY DATABASE	Date:
Scan request e	entered by:	Time:
Scan performe	ed by:	Date:
No. of forms so	canned:	Time:
Notes:		
Database upd Instructor ema	ated/ iled by: TECHNICAN'S INITIALS	Date: