

(OFFICE USE ONLY)

FILE NAME

OPERATOR

REQUEST FOR OPTICAL SCANNING SERVICES X5122

INSTRUCTOR NAME: _____

DATE: ___ / ___ / ___

DEPARTMENT: _____

PHONE EXT: _____

SERVICES REQUESTED

TEST- KEY SHEET required
Optional CRN Sheet (to display CRN and instructor name)
Answer key listing
GRADE REPORT (Raw/Percent Scores Reported)
Alphabetic Order Score Order ID Order (student #)
Frequency distribution (graph showing student score)
Item analysis display (stats)
OUTPUT
REPORTS Printed E-mail BOTH
DATA FILE Plain text (names & numeric responses)
Formatted (fields separated by commas)
BOTH

FREQUENCY/SURVEY- KEY SHEET required
Optional CRN Sheet (to display CRN and instructor name)
OUTPUT
REPORTS Printed E-mail BOTH
DATA FILE Plain text (names & numeric responses)
Formatted (fields separated by commas)
BOTH

DATA FILE CREATION...PLEASE PRINT CLEARLY

All data files will be sent to campus e-mail account

USER CODE: / / / / / / / / / @buffalostate.edu

DROPPED PICKED
OFF BY: _____ UP BY: _____

Date: _____ Date: _____

FOR INSTRUCTOR ONLY PICKUP, PLEASE CHECK []