

# Scanning Class Test Request Form

For information: IT Help Desk (664-HELP) Test Scanning Office 664-3153



Please complete one form for each test packet.

## This Section to be Completed by the Scanning Requestor

Department:

Dept. Course Number:

Course Name/Title:

Instructor:

*(Last Name, First Name)*

Number of Students:  ID Numbers Bubbled?   
*(Do not estimate.) (Required)*

Test Form Bubbled on Key?  **(Required)** Test Form bubbled on all tests?   
**(Required; Must be same as key)**

Contact Person:

Campus Phone:

**Valid Sonoma State University email address required.** Test results will be emailed within 2 business days.

Campus Email: @sonoma.edu

### Select Report Options:

Item Analysis Report:

*(Includes Statistical Summary)*

Roster Report:  Raw Score

*(Select option(s) for displayed results.)*

Percent Score

Student Test Report:

Class Response Report:

Score Distribution:

*(Includes Statistical Summary)*

Selected reports will be sent in PDF format to the email address provided. Due to limited resources, IT no longer offers printed reports as an option.

**Test packets NOT picked up within 7 days will be sent to Department Office through campus mail.**

## This Section to be Completed by Information Technology

### Filled out by I.T. Help Desk

Date Received	Time	Initials
/ /	: A.M. P.M.	

### Filled out by Scanning Team

Date Scanned	Time	Initials
/ /	: A.M. P.M.	

### Regarding This Scan

Packet Number:	<input type="text"/>
Reference Number:	<input type="text"/>
Number of Tests Scored:	<input type="text"/>

Comments: