

Test Scoring Center Request Form

UCI Academic Testing Center, 3040 AIRB, Zot: 4425, Fax: x43832, Phone: x45371

Today's Date: _____ Name: _____

Campus Address: _____

Phone: _____ Email: _____

Course Dept./Number: _____ Course Title: _____

Course Code: _____ Quarter/Year: _____ Faculty: _____

No. of students: _____ No. Test Sessions (e.g., midterm, final, etc) _____

Scantron Form (Please select one): F-288* F-289* F-1712* F-3652*

*Available through UCI bookstore

+Available through Scantron at www.scantron.com

Recharge Account Number*: _____

(* Cost: \$50.00/hour, full service)

Billing Contact Person: _____ Phone: _____

Report/Data Requests (please select appropriate options below):

Date/Time needed (please allow at least **48 hours**): _____

Statistics Reports Request (Hardcopies Only):

- | | |
|---|--|
| <input type="checkbox"/> Class Response Report (w/ key) | <input type="checkbox"/> Score Distribution Histogram Report |
| <input type="checkbox"/> Roster Report on Total Grade | <input type="checkbox"/> Test Item Analysis |
| <input type="checkbox"/> Score Distribution Percentile Report | <input type="checkbox"/> Other: _____ |

Data Export Requests (Roster w/grade available electronically):

- Format (e.g., Excel, Tab-delimited Text file) _____

Delivery Options (Data file):

- Email Delivery
 User Pickup

Delivery Options (Scantron Forms):

- Campus Mail
 User Pickup

Special Instructions (if any): _____

For Office Use Only - Test Scoring Center Use Record

User: _____ Date of use: _____

Course: _____ No. of Scantrons Forms: _____

Time: _____ Time out: _____ Total Time (to the nearest quarter hour): _____

Type of Service: Full Service (\$50/hr.)

Type of use: Quiz Midterm Final Training

Comments (if any): _____

Total Charge: _____ hrs. @ _____ rate = _____

Completed by: _____ Date: _____