

Date	Job #
Instr	S.I

Exam Processing Request Form

The Testing Center is not responsible for any materials other than exam answer sheets and keys. Exams will be processed within 24 hours from the time they are dropped off. Exams that are not picked up from the Testing Center within a month of the processing date will be shredded.

Please print clearly				
Date:	Time:	Delivered by:		
Department:		Course Number:	_	
Instructor:		New Testing Center user		
Contact phone #		Contact e-mail:		
# of Questions		# of Sections		

Check here if you have weighted questions, multiple responses for question(s), and/or extra credit questions. You must identify questions and weight on the back of this form. For Multiple response questions, indicate whether all answers are required to be correct or any answer is correct.

Reporting Sets: (Select set or individual reports)

Standard Report Set

101 Student Statistics Report103 Class Frequency Distribution Report204 Condensed Item Analysis Report

Student Report Set

101 Student Statistics Report103 Class Frequency Distribution Report301 Student Grade Report

Statistical Report Set

101 Student Statistics Report103 Class Frequency Distribution Report104 Test Statistics Report106 Condensed Test Report201 Detailed Item Analysis Report

207 Test Item Statistics Report

Data File(s): D2L file Excel file

Individual Reports:

101 Student Statistics Report103 Class Frequency Distribution Report104 Test Statistics Report

106 Condensed Test Report

201 Detailed Item Analysis Report

204 Condensed Item Analysis Report

207 Test Item Statistics Report

301 Student Grade Report

Check items to include in the data file:

Name ID Total Score Responses Special Codes # Correct Percentile Percent Score

> Questions? Contact Lisa Fugina at 6388 or call 4689. <u>DEStest@uwm.edu</u>; www.testingcenter.uwm.edu

Weighted Questions

One	estions	Point Value			
Qui	CSUOIIS	1 omt value			
Total point value of exam is:					
Multiple Responses					
Que	estions	Acceptable Responses			
Extra credit for ques	tions:				
Comments:					
For Office Use Only:					
Job # :	File Name:	Course #:			
Number Scanned:	Time:	By:			