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):
✓ Class Response Report (w/ key)  ❏ Score Distribution Histogram Report
✓ Roster Report on Total Grade  ❏ Test Item Analysis
✓ Score Distribution Percentile Report  ❏ Other:_______________________

Data Export Requests (Roster w/grade available electronically):
✓ Format (e.g., Excel, Tab-delimited Text file) _____________________________________

Delivery Options (Data file):
✓ Email Delivery  ❏ Campus Mail
✓ User Pickup  ❏ 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:____________________________