

# EXAM SCANNING/ITEM ANALYSIS REQUEST FORM

DATE \_\_\_\_\_

FACULTY NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

COURSEID \_\_\_\_\_

TEST ID \_\_\_\_\_

# SCANTRON FORMS (INCL ANSWER KEY) \_\_\_\_\_

# ANSWER KEYS \_\_\_\_\_

OPTIONAL