

**Office of Student Services
Scanning Services Center
Information Sheet**

Lyons 101 617-552-2159 scanning@bc.edu
Monday through Friday 9:00 a.m. to 12:00 p.m. and 1:00 p.m. to 5:00 p.m.

Contact Information

Department _____

Professor _____

Telephone No. _____

Contact Person _____

Telephone No. _____

Test Information

Number of Test Items _____

No. of Examinees _____

Number of Test Versions _____

No. of Omit Items _____

Course Number of Test _____

Drop Off Date _____

Please include your answer key(s) filled out with a no. 2 pencil.

What information would you like to receive?

- Raw scores only,
- Standard report in MS Word Document (e-file or print out)
- Standard report in MS Excel electronic file (e-file only)

How would you like to receive the test information?

- Printout
- Send file to email account

Email address: _____

How would you like to get back students' answer sheets?

- Pick up in person
- Sent back via campus mail

Campus address: _____

Job picked up by: _____

Date: _____

For Office Use Only

File name: _____ Counts: _____

Professor contacted? By Phone? Date: _____ By email? Date: _____ Initial: _____

Notes:

Problem items: _____

Additional Information: _____