

# Scanning Class Test Request Form

For information: IT Help Desk (664-HELP) Test Scanning Office 664-3153

Please complete one form for each test and key pair.

## This Section to be Completed by the Scanning Requestor

Department:

(Example: Chemistry)

Dept. Course Number:

(Example: CS101)

Course Name/Title:

Instructor:

(Last Name, First Name)

Number of Students:

(Do not estimate.)

I.D. Numbers are  
Bubbled?:

We must have an ON CAMPUS extension  
and/or SONOMA.EDU email address to  
contact you when tests are done.

Contact Person:

Campus Phone:

(User/ Dept. Extension: 4NNNN)

Campus Mail:  @sonoma.edu

(yourmail@sonoma.edu)

Your Contact Preference:  Phone  Email

### Select Report Options:

Item Analysis Report:

(Includes Statistical Summary)

Roster Report:  Raw Score

(Select two options for displayed results.)

Percent Score

Grade

Student Test Report:

Class Response Report:

Score Distribution:

(Includes Statistical Summary)

### Report Output Option:

Print my reports:

Email a PDF of my reports:

**Test results will be returned by  
the end of the next business day.**

## This Section to be Completed by Information Technology

### Filled out by I.T. Help Desk

Date Received	Time	Initials
/ /	: A.M. P.M.	

### Filled out by Scanning Team

Date Scanned	Time	Initials
/ /	: A.M. P.M.	

### Regarding This Scan

Packet Number:	<input type="text"/>
Reference Number:	<input type="text"/>
Number of Tests Scored:	<input type="text"/>

Comments: