



Stony Brook University

TEST SCANNING REQUEST FORM

Total # of Envelopes Submitted
Label Each (1/3, 2/3, 3/3, etc.)

COURSE INFORMATION						
SUBJECT			COURSE #			SECT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Indicate below if course is offered under another dept. (cross listed).						

Date:
Time: AM or PM
Exam #
Enter the Appropriate #
Semester: _____

Instructor Name: _____ PH: _____
Instructor Email: _____ @stonybrook.edu
TA's- Print Name & Email: _____

Grading Criteria

of Answer Keys: Total # of questions (1 pt. per item)

Check only those boxes that apply below.
Item Weighting. Points Per Question _____ Total Max Pts. _____
(If needed, use boxes below)
Omitted questions. List any items omitted in boxes below. Check one of the following.
 zero credit auto credit
Multiple Answers. List Q#'s and all acceptable answers in boxes below. Treat Multiples As (Check One) AND OR

Key1/A			Key2/B		
Key3/C			Key4/D		
Instructor Signature or *TA (*TA print name & ID)			Provide 4 digit Campus Zip Code		
			Z=		
STAFF USE ONLY					
DATE SCANNED	PROCESSED BY	SHEET COUNT	EXAM ID #	DATE MAILED	TIME MAILED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>