# TEST SCORING AND ANALYSIS REQUEST

The following information is required

| Professor's Name: | Date: |
|---|---|
| Professor's Email: | Department: |
| Course: | Date of Test: |

Number of answer sheets: _____  Number of questions: _____

| The following information is optional |
|---|

☐ Option 1 (Right-Wrong analysis)

☐ Option 2 (Detailed list of questions missed by each student)

☐ Option 3 (Results in rank order)

☐ Option 4 (Standardized Z score:  percent average and standard deviation)

☐ Option 5 (Multi-batch exam)

**Special Instructions:**

_____

_____

_____

_____

_____

_____

Signature: _____  Phone Number: _____