

Test Scoring Center Request Form

UCI Academic Testing Center AIRB (#653) 3rd Floor, Suite 3040 ZOT Code 4425
Phone: 949-824-5371 Fax: 949-824-3832 Email: testcenter@uci.edu Website: testingcenter.uci.edu

Date of Exam: _____ Time: _____

Course Dept./Number: _____ Course Title: _____

Course Code: _____ Quarter/Year: _____ Faculty: _____

UCI Email: _____

Your Name: _____

UCI Email: _____

Scantron Form (Please select one): F-288* F-289* F-1712* F-3652*
*Available through UCI bookstore +Available through Scantron at www.scantron.com

Test Type (i.e. Quiz, Midterm, Final) _____ No. of students: _____

No. of Answer Key(s): _____ No. of Scantrons per Answer Key: _____

Name and contact information of Business Coordinator (i.e. email address, Campus Extension):

Recharge Account Information (KFS #, Project Code): _____

Report/Data Requests (please select appropriate options below and allow 48 hours for turnaround):

Statistics Reports Request (electronically unless otherwise requested):

- Class Response Report (w/ key)
- Roster Report on Total Grade
- Score Distribution Percentile Report
- Score Distribution Histogram Report

- Test Item Analysis
- Other: _____

Data Export Requests (electronically unless otherwise requested):

- Format (e.g., Excel .csv file, Tab-delimited Text file) _____

Delivery Options (Data files):

- Email Delivery
- User Pickup

Delivery Options (Scantron Forms):

- User Pickup

Special Instructions (if applicable):

For Office Use Only

Received By _____ Date: _____ Processed By: _____ Date: _____

Start Time: _____ End Time: _____ Total Time (to the nearest quarter hour): _____

Course: _____ No. of Scantrons Forms Scanned: _____

Type of Service: Full Service (\$50/hr.) Type of use: Quiz Midterm Final Training

Total Charge: _____ hrs. @ \$50 rate = _____ Recharge Date: _____

Comments: _____