UCF Test Scoring Request

Email <u>testscor@ucf.edu</u> or call 407-823-5493 if you have any questions.

Contact Information			
Instructor's Name:	First	Last	
UCF Email (required):			
Phone (required):		Call when the test is ready for pick	up
Dropped Off By			
Name:	First	Last	
Signature:		Date:	
Course and Test Information	l		
Course Prefix + Number: (Please include the course suffix	when applicable – usually C, L or H)	Section: (1st char during summer terms should be A.B,C,	, or D)
Test Name / Gradebook Co	olumn Name:		
Number of Questions:		☐ This is a Re-grade	
Number of Versions:		☐ Use the same answer key(s) for multiple sections	
Test Scoring Results			
	l need to manually enter the gr	ok unless you request otherwise. Please pick up your test forms grades (found in the error report) for students that had test forms	
☐ <u>USB Drive</u> - Copy all f	files, including the individual	student reports, to a USB drive.	
☐ <u>Print</u> the individual stu	ident reports, one sheet per stu	udent.	
Special Instructions			
Pick Up Authorization			
Our policy is to only release test ma additional people to be able to pick		uctor or the person that dropped them off. If you would like any les below (or "department staff").	
Release to:			
Picked Up By			
Name:	First	Last	
Signature:	1 1150	Date:	

Additional information is available on the UCF Test Scoring web site located at http://www.cst.ucf.edu/resources/testscoring.