

EXAM User Form

UCIT Exam Grading & Scanning Services
http://www.ucit.uc.edu/examgrading/

Professor's Name: _____ Course No.: _____
Department: _____ Course Title: _____
Phone Number: _____ Exam Name: _____
Email: _____ Exam No: _____

- Essay - Max. Score: _____
- Omitted questions (please list below)
_____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____
- List class sections if you have more than one section
_____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____
- List class versions if you have more than one version
_____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____

Reports Needed

- Email Reports:** Roster Class Response Item Analysis Score Distribution
- Paper Reports:** Roster Class Response Item Analysis Score Distribution
- Convert for Blackboard Gradebook Upload
- Score Format: Raw Percentage

Special instructions (if any): _____

Please Pick Up Graded Exams Within 48 Hours

Sign After Exams Are Returned

I, hereby acknowledge that I have received all my exams from Exam grading and upon reviewing them, I agree that they have all been graded to my specifications, including the special instructions.

Signature: _____

OFFICE USE (Do not write Below)

Time Received: ____:____ AM PM

Course ID: _____

No. Of Sheets: _____

Time Started: ____:____ AM PM

Time Finished: ____:____ AM PM

Comments/Errors:

Date Received

Returned By:

Scanned By:

Received By: