Academic Exam Processing Form

Instuctor Name_____   **Date** _____

Instructor Email_____   **TA Name**_____

Department_____   **TA Email** _____

Phone _____

Please print all information and instructions legibly.

All instructions on this form are required by ITS and should be submitted with the answer key(s). Bubble sheets must be filled out with a #2 pencil. The scanner does not read ink or permanent marker. Please arrange all sheets so that they face the same direction (each sheet should face up with all questions running the same direction). The key must be the first sheet in the batch. **ITS is unable to guarantee a turnaround time.**

Please monitor email for notification that exam results are available and physical exams are ready for pickup in designated locker.

Title On Report_____

(Example: UNIV 1000 Exam 3 - MM/DD/YY)

Instructions for Exams:

- How many questions on exam(s)? _____
- How many sections need to be graded? _____

ITS USE ONLY

Ticket Number:

_____

Destruction Date:

_____