

INFORMATION TECHNOLOGY Optical Mark Reading Services OMR REQUEST FORM

NAME: (Last) _____ (First) _____

DEPARTMENT: _____ PHONE: _____

CAMPUS BOX: _____ TODAY'S DATE: _____

OFF CAMPUS ADDRESS: _____

NUMBER QUESTIONS _____

NUMBER KEYS _____ NUMBER of JOBS _____

QUIZ / TEST _____

SURVEY _____

FACULTY EVALUATION _____

_____ **CLASS ROLL**
(INDIVIDUAL TEST RESULTS)

_____ **STUDENT ANSWER SHEETS**
(INDIVIDUAL ITEM RESPONSES)

_____ **CORRELATION**
(ITEM ANALYSIS)

_____ **FREQUENCY (PERCENTAGE)**
(ITEM ANALYSIS)

_____ **ITEM STATISTIC**
(ITEM ANALYSIS)

_____ **STAT VARIABLES (MEAN SCORE)**
(INDIVIDUAL TEST RESULTS)

Please bring ID to pickup all work

Print authorized list to pick up this test
(if not same as name listed above)

_____ EMAIL (Send results to me @) _____

DATASET NAME: _____
