

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: _____
