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: ________________________________________________

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Last updated 9/09    http://oit.ncsu.edu/omr