

SCANTRON COVER SHEET



EXAM/QUIZ EVALUATION

Date of Exam/Quiz/Evaluation

Instructor: First & Last Name

Subject: (Example ENGL) Course # (Example 101)

Course ID #: (Example 004390)

Number of Questions:

Number of Questions w/multiple answers on key:

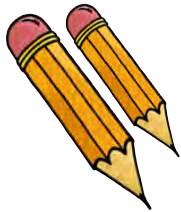
(Cannot accept multiple answers from student)

Email Results to:

PDF is the default report

Excel CSV

- ❖ Pickup Time: A member of the Online Learning team will be available 8:30 am-11:30 am Monday - Friday.
- ❖ Drop off items to be run 8 am-4:30 pm Monday - Friday.



Instructions

1. Use **#2** pencils on Scantron forms only!
2. Paper clip on right side of page only!



Special Instructions

REVISED
10:49 am, Feb 11, 2019