Exam Report Order Form

Please complete all sections of this order form. For assistance, to order answer sheets, or to download this form or directions for completing this form, please contact University Survey and Assessment Services at (612) 626-0006.

The following fields are required for reporting, electronic transfer, and timely exam processing. Failure to include this information will result in a delay in processing your exam.

Instructor (Last, First):	**Phone:**	**x500 Email:**	Exam Report Recipient: ☐
T.A. (Last, First):	Phone:	x500 Email:	☐
Department:	Course Name & Number *(Example: ANTH1001)*:		
EFS Number: ___ ___ ___ ___ - ___ ___ ___ ___ ___ - ___ ___ ___ ___ ___ - (___ ___ ___ ___ ___ ___ ___ ___ ___ ___ - ___ ___ ___ ___ ___ ___ ___) Fund Department ID Program (Chart Field Employee ID*) * only if required			

Returning Answer Sheets & Returning Results (Please Note: Photocopied answer sheets cannot be scanned)

PDF and CSV report files will be available via Google Drive. Recipients are notified by email when results are available.

Returning Answer Sheets *(Required – Select One)*

I would like to have my answer sheets returned via:

- ☐ Campus Courier
- ☐ Pickup at USAS (879 29th Ave. SE)
- ☐ *Campus Mail (Delivery Code:_____)
- ☐ **Securely Destroy after 6 weeks

If you would like your reports printed (extra charge per page), please indicate below how you would like to receive them:

- ☐ Campus Courier
- ☐ Pickup at USAS (879 29th Ave. SE)

Campus Courier / Campus Mail Information

(Required if Campus Courier or Campus Mail is selected above)

Room Number:_____

Building:_____

***Though minimal**, I accept the entire risk associated with sending scored answer sheets via campus mail. **Initials:**_____

****I acknowledge that answer sheets **will be destroyed** after 6 weeks (an electronic copy will remain on file for 6 months). **Initials:**_____

Exam Information (an answer key must be supplied or your exam cannot be scored)

A. Is there more than one version of your exam?

(For example: If you have Form A and Form B, you have two groups. If you have Section 1 and Section 2, you have two groups.)

☐ No

☐Yes; this is group _____ of _____

Fill out A-G on a separate order form for each exam group. Forms should then be separated into groups.

(You will receive reports for each group, plus reports for all groups combined.)

B. Total Number of Questions on Exam: _____

C. Total Quantity of Omitted Questions: _____

D. Omitted Question Numbers: _____

E. Number of Exam Questions to be Scored: _____

F. Number of Total Exam Points: _____

G. Answer Keys to be Punched? ☐ **No** ☐Yes

H. Number of Submitted Answer Keys: _____

(Continue to page 2 to determine how many Answer Keys you will need to submit. A maximum of 4 Answer Keys may be submitted per exam group.)

UNIVERSITY OF MINNESOTA
103 University Stores South
879 29th Avenue Southeast
Minneapolis, MN 55414
Fax: 612-624-1336
Phone: 612-626-0006

For Office Use Only	
Number of Answer Sheets:	Number of Report Pages:
_____	_____

USAS Pickup Verification

(Required at time of pickup if 'Pickup at USAS' is selected)

Picked up by (Signature): _____

Date: _____

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Answer Key with Examples

Exam with Multiple Parts:

A "Part" represents questions that are either weighted differently and/or scored separately from other questions (or other "parts") of the exam. Each "Part" requires its own individual answer key page.

Part 1	**Questions in *Part 1***	
Part 2	**Questions in *Part 2***	
Part 3	**Questions in *Part 3***	
Part 4	**Questions in *Part 4***	

Do any "parts" of this Exam contain questions with ALL answers correct?
If yes, please indicate the "part(s)" and the question number(s) below.

- **Part 1:** _____
- **Part 2:** _____
- **Part 3:** _____
- **Part 4:** _____

Exam questions with ***all*** correct answers *(A-E or A-J)* can be indicated above and/or by filling in each bubble for that question on the ***Primary Answer Key.***