Office of Student Services Scanning Center Information Sheet

Lyons Hall 101  Monday through Friday  9:00 am to 5:00 pm

Contact Person: Marika Cerbone  617-552-4984  scanning@bc.edu

Contact Information:
Department:_________________________ Course Number:_______________________
Professor:_________________________ Email:_______________________________
Contact Person (if not Professor):________________________ Email:________________

Test Information:
Number of Test Items:_________________________ Number of Examinees:________
Number of Test Versions:_________________________ Drop Off Date:_______________
Omit Items? Please Indicate Question Number(s):________________________________
Special Instructions:____________________________________________________________

**Please Include a filled out answer key(s) with a number 2 pencil**

How would you like the receive the results?
❖ Raw Scores Only, no report
❖ Standard Report (select one or more):

| MS Excel | PDF | Excel of students’ individual scores |

Special instructions about the report:_________________________________________________________________________

*Reports will be shared with instructors via BC Google Drive*

Please provide you BC email address:________________________________________________________________________

How would you like scantrons to be returned to you? (select one):
Pick up in person
Delivered back to the department Campus address:_________________________________________________________

**Please allow 24 to 48 hours for the scanning to be processed**

Job Picked up by:_________________________ Date:_________________________

Office Use Only

File Name:________________________________________ Counts:_____________
Professor Contacted Date:________________________ Initial:________________
Notes:__________________________________________________________________________

10/08/2019