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1) SUBMISSION INFORMATION

Date:	Submitted By:
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2) INSTRUCTOR INFORMATION

Instructor Name:	Instructor Department:	Instructor Phone #:
Instructor Email Address: Carleton email address only		

3) SCANNING INFORMATION

Term: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer	Subject (e.g. PSYC):	Course Number (e.g. 1001):	Course Section(s) (e.g. A or A/B):
<input type="checkbox"/> Single correct answer Only one correct answer per question		<input type="checkbox"/> Multiple correct answers More than one correct answer per question	
Exact Number of Exams:* exclude answer key(s)	Number of Questions:	Number of Answer Keys / Exam Versions	
Bonus Question(s) #: Question number(s) <input type="checkbox"/> point regardless of answer <input type="checkbox"/> point only if answered correctly	Eliminated Question(s) #: Question number(s)	Value of Each Question <u>OR</u> Exam Total Weight:	

* Required for quality assurance. Ensures optimal service and the integrity of results.

4) LMS

Would you like the EDC to upload grades? (Grades are hidden) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide:			
LMS section used: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer			
Name of upload column: _____			
How would you like the grades to be displayed? Choose one			
<input type="checkbox"/> Number Correct Number of questions the student answered correctly	<input type="checkbox"/> Percent Correct Percentage of questions the student answered correctly out of 100%	<input type="checkbox"/> Weighted Correct Weighted number of questions answered correctly (only applicable if value of each question was changed)	<input type="checkbox"/> Weighted Percent Correct Weighted percentage of questions answered correctly (only applicable if exam total weight was changed)

FOR OFFICE USE ONLY

Scanned by:	Date:	EDC Comments:
Scanned by:	Date:	EDC Comments:

5) PICKUP

Date:	Picked Up By (Please Print):
Date:	Picked Up By (Please Print):