Location - Drop off in Renne 19 Testing Services Or Renne 55 Exam Scoring:
MSU Exam Scoring Request   Date_____

Index No:_____

Please fill in form. Shaded fields are required.

Instructor Name		Phone #	
Email		Building	
Department		Room #	

Course Name	
Course Rubric/Number/Section	

Name of Test		Number of Keys	

# of Questions on test	Point value of Each Question	Total point value of test

List questions with more than one correct answer:

Question #	Must have only 1 of the responses to receive credit	Must have all responses to receive credit	Any response will receive credit	Question #	Must have only 1 of the responses to receive credit	Must have all responses to receive credit	Any response will receive credit

__Reports will be posted to a secure server. An email link will be sent to you after exams are scored.__

__You will receive a set of statistical reports, an Excel file with students' names, GID and score, and a file that can be imported into D2L.__

☐ **I will pick up the graded exam forms.**   ☒ **Please send the graded exam forms to me.**

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