			_
Professor/ Instructor Additional Contacts		Course Numbe	Section
		Phon	
Professor Email	Additional Emails		
Exam #/Title:	# of Versions:	Versions:	☐ Re-grade?
		☐ Best Version?	Init
Key Information:		Reports:	
Received by:	Date	Processed by: Initials Time Date	_
Number of Questions Weight(s) per question (specific possible specific per question (specific per question) Double Bubbles Either Answer Both Answer Maximum Score Possible Subjective score Total possible score		 □ Full Reports □ Printed Results Grid Alphabetic List Histogram Item Analysis □ Detailed Item Analysis □ Individual Score Reports □ Printe □ Sort by Section □ Full by Section 	# of pages d # of pages
Office Use Only: Batch: Scan #: # Scanned: Filename: Scanned by: Initials Time Invoice #:	Date	Canvas: Upload to Canvas Uploaded by: Initials Time Date Gradebook Name: Exam Title: Grade Category: Highest Possible Score: □ Can □ Wait to upload? □ CSV	
Billing Dept.: ST:		Graded Forms: ☐ Pick Up ☐ Shred ☐ Deliver to Leed Forms will be shredded if not retrieved by:	