ITS SCANEX REQUEST

Date: __________________________  Time: __________________________

Instructor Information (please print)

Name: __________________________  Phone: __________________________

E-mail (from Western Directory): __________________________

OWL Login (must be Faculty/Staff User ID only): __________________________

Course Name and Number: __________________________

Number of Exam Sheets (including answer sheet): __________________________

Submitted by: __________________________  Phone: __________________________

*Condition of the forms may affect the ability of the machine to perform the scan.