SAMPLE - 1 set of exams

Scantron Basic/Free Service Only
No changes - No marking - No Fees

ITS SCANEX REQUEST

Date: _______Sept. 2/14_______ Time: ______12:30 p.m._______

Instructor Information

Name: _______Bob Smith_______ Phone: _______x8XXXX_______

E-mail (from Western Directory): _______xxxxx@uwo.ca_______

WebCT OWL Login (must be Faculty or Staff User ID only): _______xxxxx_______

Course Name and Number: _______CRS XXXX_______

Number of Exam Sheets (including answer sheet): _______56_______

Submitted by: _______Same_______ Phone: _______

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

http://www.uwo.ca/its/scanex/retrieving-files.pdf
SAMPLE - mult sets of exams

Scantron Basic/Free Service Only
No changes - No marking - No Fees

ONLY ONE FORM IS REQUIRED.

ITS SCANEX REQUEST

Date: Sept. 2/14 Time: 12:30 p.m.

Instructor Information
Name: Bob Smith Phone: *8XXXX
E-mail (from Western Directory): xxxxxx@uwo.ca
WebCT OWL Login (must be Faculty or Staff User ID only): xxxxxx

Course Name and Number: CRS XXXX
Number of Exam Sheets (including answer sheet): Pile 1 24 Pile 2 32
Submitted by: Same Phone: 

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

http://www.uwo.ca/its/scanex/retrieving-files.pdf