Scoring Office after Hours Check-in Form

This form is to be used *after* the initial set up

Date: _____

Instructor _____ Dept/Course_____

# of Section(s) _____ List Section #s _____ Combine Sections ☐

Name to Contact for Questions _____ Phone # _____

MSU Net ID(s) for Reports _____ _____

Test Information

TEST # _____ # OF KEYS _____ # of QUESTIONS _____ WEIGHT _____

Omits _____ Multiples _____ Non-Obj Box(s) (TOTAL PTS POSSIBLE) #1 _____ #2_____ #3_____ #4_____

Special Notes _____ MAX TOTAL PTS _____

Email to Students - * HOLD or SEND *

LON-CAPA Users

Course/Section(s) _____File Name_____

Send File To (circle): LON-CAPA (Load to Lon-Capa directly)

AND / OR

Data File to Instructor

1/5/18