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 _____   _____

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Test Information

FILE NAME _____

KEYS _____ # of QUESTIONS _____ WEIGHT _____ TOTAL MC: _____

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

Special Notes _____ **MAX TOTAL PTS** _____

Email to Students -   * HOLD   or   SEND *

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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