EXAM SCORING REQUEST FORM

OFFICE OF THE REGISTRAR, UNIVERSITY OF MICHIGAN

REQUIRED INFORMATION

Uniquename of Instructor _____ Date _____

Name of Instructor _____

Department _____

Room and Bldg. _____ Campus Zip _____

Please list the name and uniquename of anyone else who should receive the exam results.

Name	Uniquename

Examinations
Office of the Registrar
University of Michigan
1210 LSA Bldg.
500 S. State St.
Ann Arbor, MI 48109-1382
Phone: 734.764.3497
Fax: 734.936.3148
ro.examinations@umich.edu
ro.umich.edu

CAMPUS MAIL/PICKUP

Answer sheets not picked up after one week will be sent by Campus Mail to the original requester at the address specified above.

Select an option:

☐ Campus mail (default)

☐ Please hold answer sheets for pickup

EXAM DETAILS

Course Number (ex. PSYCH 111)	Number of exam versions (i.e. Keys)	Number of questions	Number of students who took the exam (if available)

POINT VALUES AND DEDUCTIONS

Each question on an exam is worth one point with no deductions unless specified below.

Grouped Questions				
Points for Right				
Deductions for Wrong				

FOR EXAMINATIONS OFFICE USE

Date & Time In _____ Pickup Uniquename _____

Date & Time Results Sent _____

Quantity _____ Pickup Signature _____

Mailed _____