One Test Scoring Cover Sheet
Printing Services – 163A Central Square  416-736-2100 Ext.55527/33666

- Turnaround time for test scoring is **THREE to FIVE** working days.
- **Test Score Weight form** for deleting question(s) and/or modifying weight system if required.
- **Cover sheet** filled out electronically (handwriting **will not be accepted**) and drop off package at 163A Central Square from 8:30 a.m. – 4:30 p.m. after hours service drop off package at 010B Central Square – mail slot
- Tests scanned more than twice will be subject to a charge of $10.00 per test.
- Original package (Scantron sheets) must be picked up within 30 days of processing or it will be disposed.

**COURSE INFORMATION:**

PROFESSOR (Last Name): ______

**COURSE NAME & CODE:** ______  **SECTION(S):** ______

(e.g. ECON 2090)  (e.g. A / B )

**TEST/EXAM INFORMATION:**

Total Possible Marks: ______  
Excluding bonus marks

Number of Student Answer Sheets: ______  
(excluding answer key)

Test Number: ______  
(e.g. 1vPink, Quiz3, Final)

Date of Test/Exam: ______  
YYYY / MM / DD

**PROCESSING REQUESTED BY:** Original test scoring sheets can only be picked up by the clients named on this form. Photo ID must be presented by the client when picking up the processed information.

FULL NAME(S): ______  Contact Number(s): ______

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**OUTPUT:** OUTPUT CAN ONLY BE SENT TO A YORK E-MAIL ADDRESS(ES):

1) ___________________________@yorku.ca
2) ___________________________@yorku.ca
3) ___________________________@yorku.ca
4) ___________________________@yorku.ca

**Special Instructions:** ______

(e.g. delete question(s), multiple mark specification, question(s) weighting, pick-up instructions)

**DROP-OFF** (Client Name):

*Important Note: Printing Services is not responsible for any results generated from Scantron sheets filled out incorrectly.*

PS STAFF USE ONLY

Date Dropped Off ______________________  Receiving PS Staff Initials ______

**PROCESSING**

Processing PS Staff Initials ______  Batch File Number ____________

Scanner____  Results E-mailed Date ____________

**PICK-UP**

Client Name ______________________  Date Picked Up ____________

ID Checked [ ]  Pick-Up PS Staff Initials ______

**After-hours Drop Off Only**

Signature required: ______________________

Documents must be inside a sealed envelope (maximum forms - 1 3/4") and include a completed cover sheet with specific details of drop off and signature. Please note that incomplete packages will result in delay in processing results.

http://www.yorku.ca/printing

Modified: 07/18/13