

**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  
LS&A Suite 5000  
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 \_\_\_\_\_

Date & Time Results Sent \_\_\_\_\_

Quantity \_\_\_\_\_

Mailed \_\_\_\_\_

Pickup Uniquename \_\_\_\_\_

Pickup Signature \_\_\_\_\_