

MANDATORY INFORMATION

Department (Printed)

Course Code (Printed)

Day or Evening Class (Printed)

Section (Printed)

Session / Term (Indicate with check mark or "X")

of Questions (Printed)

of Scantrons Submitted (Printed)

Instructor Name, Email & Extension (Printed)

Contact Name, Extension & Email (Printed)

Dropped off by

OMR REQUEST FORM SAMPLE

FORM MUST BE COMPLETED AND HANDED IN WITH EVERY EXAM PACKAGE



OMR Request Form



For detailed instructions on how to submit an OMR (Optical Mark Recognition) test or exam for processing, please visit the McMaster MPS website at <http://mps.mcmaster.ca/omr.html>. You must fill in ALL applicable fields and sign the form. Bring this Form with the Answer Keys, Student Scantron Sheets and a blank CD to Media Production Services, located in DSB B111. For inquiries and updates, please contact MPS Customer Service at x24446.

DEPARTMENT	COURSE CODE	DAY/EVE	SECTION	SESSION OFFERED	# OF QUESTIONS	# OF SCANTRONS	TESTS SCANNED
Faculty	F1AA3	E	C01	<input checked="" type="checkbox"/> Fall/Winter <input type="checkbox"/> Spring/Summer	15	350	
INSTRUCTOR		EMAIL	EXTENSION	COMMENTS			
Dr. Professor		prof@mcmaster.ca	24446				
CONTACT/AUTHORIZED PERSON		EMAIL	EXTENSION				
Tyler Adams		ta@mcmaster.ca	24447				
OPTIONS Check all that are applicable (see reverse for further detail)				SIGNATURE	PRINT NAME	INITIAL/CHECK STICKER	DATE
<input checked="" type="checkbox"/> Multiple Versions	<input type="text" value="3"/>	Number of Versions (Max. 5 versions per exam)		Dropped off by: Dr. Professor	Dr. Professor	Initialed <input type="checkbox"/>	
<input checked="" type="checkbox"/> Weighted Questions	Name of File: <u>1AA3template.csv</u>			Received by:		Checked <input type="checkbox"/>	
<input checked="" type="checkbox"/> Zero Out/Delete Questions	Version 1: 7, 8 Version 2: 22, 23 Version 3: 8, 10 Version 4: Version 5:			Returned by:		Initialed <input type="checkbox"/>	
				Picked Up by:		Checked <input type="checkbox"/>	
<input checked="" type="checkbox"/> Keep Sorted or Separated	(Keep the exams sorted and/or separated as they were when delivered)			Media Production Services Degroote School of Business, DSB B111 Customer Service x24446			

OPTIONAL INFORMATION

Multiple Versions (Be sure to indicate # of versions)

Weighted Questions (File must be supplied on CD)

Zero Out / Delete Question(s)

Keep Sorted / Separated

MANDATORY INFORMATION

ANSWER SHEET SAMPLE

SINGLE VERSION WITH 1-99 QUESTIONS

Instructor's Signature

Instructor's Name (Printed)


Course Code

Version Number

Number of Questions
 (If # questions is between 1 - 99, then fill in the "0" in the version field and start the # in the next column)

Answers

STUDENT NUMBER: NAME: _____ (Surname) _____ (Given Names)
 SHEET # OF _____ SIGNATURE (in pen) *Dr. Professor*
 COURSE: *F1AA3* SECTION: _____ INSTRUCTOR'S NAME: *Dr. Professor*
(Name and Number - e.g. ENGLISH 1A03) (e.g. 01, 02, 03)



EXAMINATION ANSWER SHEET

CLASSROOM ANSWER SHEET

STUDENT NUMBER											VERSION	SEAT NUMBER							
0	1	2	3	4	5	6	7	8	9	ROOM		ROW	SEAT						
0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

MARKING DIRECTIONS

- Use HB black lead pencil only.
- Do not use ink or ballpoint pens.
- Make heavy black marks that fill the circle completely.
- Erase cleanly any answer you wish to change.
- Make no stray marks on the answer sheet.

EXAMPLES

WRONG
 1 1 3 4 5

WRONG
 2 1 2 4 5

WRONG
 3 1 2 3 5

RIGHT
 4 1 2 3 5

SIDE 1

CLASSROOM ANSWER SHEET

QUESTIONS	ANSWERS
1	T F <input checked="" type="radio"/> 2 3 4 5
2	A B C D E <input checked="" type="radio"/>
3	A B C D E <input checked="" type="radio"/>
4	A B C D E <input checked="" type="radio"/>
5	A B C D E <input checked="" type="radio"/>
6	A B C D E <input checked="" type="radio"/>
7	A B C D E <input checked="" type="radio"/>
8	A B C D E <input checked="" type="radio"/>
9	A B C D E <input checked="" type="radio"/>
10	A B C D E <input checked="" type="radio"/>
11	A B C D E <input checked="" type="radio"/>
12	A B C D E <input checked="" type="radio"/>
13	A B C D E <input checked="" type="radio"/>
14	A B C D E <input checked="" type="radio"/>
15	A B C D E <input checked="" type="radio"/>
16	A B C D E <input checked="" type="radio"/>
17	A B C D E <input checked="" type="radio"/>
18	A B C D E <input checked="" type="radio"/>
19	A B C D E <input checked="" type="radio"/>
20	A B C D E <input checked="" type="radio"/>
21	A B C D E <input checked="" type="radio"/>
22	A B C D E <input checked="" type="radio"/>
23	A B C D E <input checked="" type="radio"/>
24	A B C D E <input checked="" type="radio"/>
25	A B C D E <input checked="" type="radio"/>

MANDATORY INFORMATION

ANSWER SHEET SAMPLE

SINGLE VERSION WITH 100 QUESTIONS

Instructor's Signature

Instructor's Name (Printed)

Course Code

Version Number

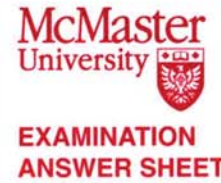
Number of Questions

(When there are 100 questions indicated, you must start the number in the version column)

Answers

(Reverse side would be completed with answers as well)

STUDENT NUMBER										NAME (Surname)										NAME (Given Names)									
SHEET #										OF										SIGNATURE (in pen)									
COURSE										SECTION										INSTRUCTOR'S NAME									
F1AA3																				Dr. Professor									



STUDENT NUMBER	VERSION	SEAT NUMBER		
		ROOM	ROW	SEAT
01	100			
0	0	0	0	0
1	0	0	0	0
2	0	0	0	0
3	0	0	0	0
4	0	0	0	0
5	0	0	0	0
6	0	0	0	0
7	0	0	0	0
8	0	0	0	0
9	0	0	0	0

MARKING DIRECTIONS

- Use HB black lead pencil only.
- Do not use ink or ballpoint pens.
- Make heavy black marks that fill the circle completely.
- Erase cleanly any answer you wish to change.
- Make no stray marks on the answer sheet.

EXAMPLES

WRONG
1 1 1 3 4 5

WRONG
2 1 2 4 5

WRONG
3 1 2 3 5

RIGHT
4 1 2 3 5

CLASSROOM ANSWER SHEET

SIDE 1

1	T	F	2	3	4	5	26	A	B	C	D	E	27	1	2	3	4	5	28	A	B	C	D	E	29	1	2	3	4	5	30	A	B	C	D	E	31	1	2	3	4	5	32	A	B	C	D	E	33	1	2	3	4	5	34	A	B	C	D	E	35	1	2	3	4	5	36	A	B	C	D	E	37	1	2	3	4	5	38	A	B	C	D	E	39	1	2	3	4	5	40	A	B	C	D	E	41	1	2	3	4	5	42	A	B	C	D	E	43	1	2	3	4	5	44	A	B	C	D	E	45	1	2	3	4	5	46	A	B	C	D	E	47	1	2	3	4	5	48	A	B	C	D	E	49	1	2	3	4	5	50	A	B	C	D	E
---	---	---	---	---	---	---	----	---	---	---	---	---	----	---	---	---	---	---	----	---	---	---	---	---	----	---	---	---	---	---	----	---	---	---	---	---	----	---	---	---	---	---	----	---	---	---	---	---	----	---	---	---	---	---	----	---	---	---	---	---	----	---	---	---	---	---	----	---	---	---	---	---	----	---	---	---	---	---	----	---	---	---	---	---	----	---	---	---	---	---	----	---	---	---	---	---	----	---	---	---	---	---	----	---	---	---	---	---	----	---	---	---	---	---	----	---	---	---	---	---	----	---	---	---	---	---	----	---	---	---	---	---	----	---	---	---	---	---	----	---	---	---	---	---	----	---	---	---	---	---	----	---	---	---	---	---

MANDATORY INFORMATION

ANSWER SHEET SAMPLE

MULTIPLE VERSION WITH 1-99 QUESTIONS

Instructor's Signature

Instructor's Name (Printed)

Course Code

Version Number

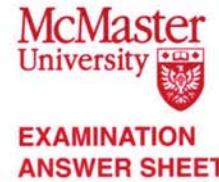
(Change the version # on each sheet – up to 5 versions allowed)

Number of Questions

(If # questions is between 1 – 99, then fill in the "0" in the version field and start the # in the next column)

Answers

STUDENT NUMBER										NAME _____ (Surname) _____ (Given Names)									
SHEET #					OF					SIGNATURE (in pen) <i>Dr. Professor</i>									
COURSE <i>F1AA3</i> <small>(Name and Number - e.g. ENGLISH 1A03)</small>										SECTION					INSTRUCTOR'S NAME <i>Dr. Professor</i>				



STUDENT NUMBER	VERSION	SEAT NUMBER		
		ROOM	ROW	SEAT
03	15			
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

MARKING DIRECTIONS

- Use HB black lead pencil only.
- Do not use ink or ballpoint pens.
- Make heavy black marks that fill the circle completely.
- Erase cleanly any answer you wish to change.
- Make no stray marks on the answer sheet.

EXAMPLES

WRONG
1 1 3 4 5

WRONG
2 1 2 4 5

WRONG
3 1 2 3 5

RIGHT
4 1 2 3 5

CLASSROOM ANSWER SHEET

SIDE 1

T	F	26	1	2	3	4	5	A	B	C	D	E	27	1	2	3	4	5	A	B	C	D	E	28	1	2	3	4	5	A	B	C	D	E	29	1	2	3	4	5	A	B	C	D	E	30	1	2	3	4	5	A	B	C	D	E	31	1	2	3	4	5	A	B	C	D	E	32	1	2	3	4	5	A	B	C	D	E	33	1	2	3	4	5	A	B	C	D	E	34	1	2	3	4	5	A	B	C	D	E	35	1	2	3	4	5	A	B	C	D	E	36	1	2	3	4	5	A	B	C	D	E	37	1	2	3	4	5	A	B	C	D	E	38	1	2	3	4	5	A	B	C	D	E	39	1	2	3	4	5	A	B	C	D	E	40	1	2	3	4	5	A	B	C	D	E	41	1	2	3	4	5	A	B	C	D	E	42	1	2	3	4	5	A	B	C	D	E	43	1	2	3	4	5	A	B	C	D	E	44	1	2	3	4	5	A	B	C	D	E	45	1	2	3	4	5	A	B	C	D	E	46	1	2	3	4	5	A	B	C	D	E	47	1	2	3	4	5	A	B	C	D	E	48	1	2	3	4	5	A	B	C	D	E	49	1	2	3	4	5	A	B	C	D	E	50	1	2	3	4	5
---	---	----	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---

MANDATORY INFORMATION

ANSWER SHEET SAMPLE

MULTIPLE VERSION WITH 100 QUESTIONS

Instructor's Signature

Instructor's Name (Printed)

Course Code

Version Number

(Change the version # on each sheet – up to 5 versions allowed)

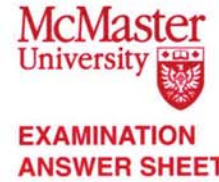
Number of Questions

(When there are 100 questions indicated, you must start the number in the version column)

Answers

(Reverse side would be completed with answers as well)

STUDENT NUMBER				NAME (Surname)				NAME (Given Names)			
SHEET #				OF				SIGNATURE (in pen)			
COURSE				SECTION				INSTRUCTOR'S NAME			
<small>(Name and Number - e.g. ENGLISH 1A03)</small>				<small>(e.g. 01, 02, 03)</small>							



STUDENT NUMBER	VERSION	SEAT NUMBER		
		ROOM	ROW	SEAT
03	100			
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

MARKING DIRECTIONS

- Use HB black lead pencil only.
- Do not use ink or ballpoint pens.
- Make heavy black marks that fill the circle completely.
- Erase cleanly any answer you wish to change.
- Make no stray marks on the answer sheet.

EXAMPLES

WRONG
1 1 3 4 5

WRONG
2 1 2 4 5

WRONG
3 1 2 3 5

RIGHT
4 1 2 3 5

CLASSROOM ANSWER SHEET

SIDE 1

1	T	2	3	4	5	26	T	2	3	4	5
A	B	C	D	E		A	B	C	D	E	
2	1	2	3	4	5	27	1	2	3	4	5
A	B	C	D	E		A	B	C	D	E	
3	1	2	3	4	5	28	1	2	3	4	5
A	B	C	D	E		A	B	C	D	E	
4	1	2	3	4	5	29	1	2	3	4	5
A	B	C	D	E		A	B	C	D	E	
5	1	2	3	4	5	30	1	2	3	4	5
A	B	C	D	E		A	B	C	D	E	
6	2	3	4	5		31	2	3	4	5	
A	B	C	D	E		A	B	C	D	E	
7	1	2	3	4	5	32	1	2	3	4	5
A	B	C	D	E		A	B	C	D	E	
8	1	2	3	4	5	33	1	2	3	4	5
A	B	C	D	E		A	B	C	D	E	
9	1	2	3	4	5	34	1	2	3	4	5
A	B	C	D	E		A	B	C	D	E	
10	1	2	3	4	5	35	1	2	3	4	5
A	B	C	D	E		A	B	C	D	E	
11	2	3	4	5		36	2	3	4	5	
A	B	C	D	E		A	B	C	D	E	
12	1	2	3	4	5	37	1	2	3	4	5
A	B	C	D	E		A	B	C	D	E	
13	1	2	3	4	5	38	1	2	3	4	5
A	B	C	D	E		A	B	C	D	E	
14	1	2	3	4	5	39	1	2	3	4	5
A	B	C	D	E		A	B	C	D	E	
15	1	2	3	4	5	40	1	2	3	4	5
A	B	C	D	E		A	B	C	D	E	
16	2	3	4	5		41	2	3	4	5	
A	B	C	D	E		A	B	C	D	E	
17	1	2	3	4	5	42	1	2	3	4	5
A	B	C	D	E		A	B	C	D	E	
18	1	2	3	4	5	43	1	2	3	4	5
A	B	C	D	E		A	B	C	D	E	
19	1	2	3	4	5	44	1	2	3	4	5
A	B	C	D	E		A	B	C	D	E	
20	1	2	3	4	5	45	1	2	3	4	5
A	B	C	D	E		A	B	C	D	E	
21	2	3	4	5		46	2	3	4	5	
A	B	C	D	E		A	B	C	D	E	
22	1	2	3	4	5	47	1	2	3	4	5
A	B	C	D	E		A	B	C	D	E	
23	1	2	3	4	5	48	1	2	3	4	5
A	B	C	D	E		A	B	C	D	E	
24	1	2	3	4	5	49	1	2	3	4	5
A	B	C	D	E		A	B	C	D	E	
25	1	2	3	4	5	50	1	2	3	4	5
A	B	C	D	E		A	B	C	D	E	

MANDATORY INFORMATION

STUDENT SHEET SAMPLE

SINGLE VERSION

Student Number

Student Name (Printed)

Student Signature

Instructor's Name (Printed)

Course Code (Printed)

Student Number

(Must be bubbled in completely or will not be read by scanner)

Version Number

(Must be left Blank)

Marking Directions

(make sure you read and follow correctly)

Answers

(If you change an answer, make sure it is erased completely or the scanner will read double answers)

STUDENT NUMBER: 001234567 NAME: Dent (Surname) Stuart (Given Names)
 SHEET # OF SIGNATURE: Stu Dent (in pen)
 COURSE: F1AA3 SECTION: INSTRUCTOR'S NAME: Dr. Professor



EXAMINATION ANSWER SHEET

STUDENT NUMBER	VERSION	SEAT NUMBER		
		ROOM	ROW	SEAT
001234567	0			
000000000	0			
111111111	1			
222222222	2			
333333333	3			
444444444	4			
555555555	5			
666666666	6			
777777777	7			
888888888	8			
999999999	9			

MARKING DIRECTIONS

- Use HB black lead pencil only.
- Do not use ink or ballpoint pens.
- Make heavy black marks that fill the circle completely.
- Erase cleanly any answer you wish to change.
- Make no stray marks on the answer sheet.

EXAMPLES

WRONG
1 1 3 4 5

WRONG
2 1 2 4 5

WRONG
3 1 2 3 5

RIGHT
4 1 2 3 5

CLASSROOM ANSWER SHEET

SIDE 1

1 T F 2 3 4 5
 A B C D E
 2 1 2 3 4 5
 A B C D E
 3 1 2 3 4 5
 A B C D E
 4 1 2 3 4 5
 A B C D E
 5 1 2 3 4 5
 A B C D E
 6 1 2 3 4 5
 A B C D E
 7 1 2 3 4 5
 A B C D E
 8 1 2 3 4 5
 A B C D E
 9 1 2 3 4 5
 A B C D E
 10 1 2 3 4 5
 A B C D E
 11 1 2 3 4 5
 A B C D E
 12 1 2 3 4 5
 A B C D E
 13 1 2 3 4 5
 A B C D E
 14 1 2 3 4 5
 A B C D E
 15 1 2 3 4 5
 A B C D E
 16 1 2 3 4 5
 A B C D E
 17 1 2 3 4 5
 A B C D E
 18 1 2 3 4 5
 A B C D E
 19 1 2 3 4 5
 A B C D E
 20 1 2 3 4 5
 A B C D E
 21 1 2 3 4 5
 A B C D E
 22 1 2 3 4 5
 A B C D E
 23 1 2 3 4 5
 A B C D E
 24 1 2 3 4 5
 A B C D E
 25 1 2 3 4 5
 A B C D E

MANDATORY INFORMATION

STUDENT SHEET SAMPLE

MULTIPLE VERSION

Student Number

001234567

Student Name (Printed)

NAME Dent

Stuart

Student Signature

SHEET # OF SIGNATURE Stu Dent

Instructor's Name (Printed)

COURSE F1AA3 SECTION INSTRUCTOR'S NAME Dr. Professor

Course Code (Printed)



EXAMINATION ANSWER SHEET

Student Number

001234567

(Must be bubbled in completely or will not be read by scanner)

Version Number

(Indicate the version number that corresponds to your exam. Numbers 1-5 only)

Marking Directions

(make sure you read and follow correctly)

Answers

(If you change an answer, make sure it is erased completely or the scanner will read double answers)

CLASSROOM ANSWER SHEET	STUDENT NUMBER							VERSION	SEAT NUMBER			MARKING DIRECTIONS	EXAMPLES
									ROOM	ROW	SEAT		
	0	0	0	0	0	0	0	0	0	0	0	<p>MARKING DIRECTIONS</p> <ul style="list-style-type: none"> • Use HB black lead pencil only. • Do not use ink or ballpoint pens. • Make heavy black marks that fill the circle completely. • Erase cleanly any answer you wish to change. • Make no stray marks on the answer sheet. 	<p>EXAMPLES</p> <p>WRONG</p> <p>1 1 <input checked="" type="checkbox"/> 3 4 5</p> <p>WRONG</p> <p>2 1 2 <input checked="" type="checkbox"/> 4 5</p> <p>WRONG</p> <p>3 1 2 3 <input checked="" type="checkbox"/> 5</p> <p>RIGHT</p> <p>4 1 2 3 <input checked="" type="checkbox"/> 5</p>
1	1	1	1	1	1	1	1	1	1	1	1		
2	2	2	2	2	2	2	2	2	2	2	2		
3	3	3	3	3	3	3	3	3	3	3	3		
4	4	4	4	4	4	4	4	4	4	4	4		
5	5	5	5	5	5	5	5	5	5	5	5		
6	6	6	6	6	6	6	6	6	6	6	6		
7	7	7	7	7	7	7	7	7	7	7	7		
8	8	8	8	8	8	8	8	8	8	8	8		
9	9	9	9	9	9	9	9	9	9	9	9		
SIDE 1	T	F	A	B	C	D	E	A	B	C	D	E	
1	2	3	4	5	2	3	4	5	2	3	4	5	
2	1	2	3	4	5	1	2	3	4	5			
3	1	2	3	4	5	1	2	3	4	5			
4	1	2	3	4	5	1	2	3	4	5			
5	1	2	3	4	5	1	2	3	4	5			
6	2	3	4	5	2	3	4	5					
7	1	2	3	4	5	1	2	3	4	5			
8	1	2	3	4	5	1	2	3	4	5			
9	1	2	3	4	5	1	2	3	4	5			
10	1	2	3	4	5	1	2	3	4	5			
11	2	3	4	5	2	3	4	5					
12	1	2	3	4	5	1	2	3	4	5			
13	1	2	3	4	5	1	2	3	4	5			
14	1	2	3	4	5	1	2	3	4	5			
15	1	2	3	4	5	1	2	3	4	5			
16	1	2	3	4	5	1	2	3	4	5			
17	1	2	3	4	5	1	2	3	4	5			
18	1	2	3	4	5	1	2	3	4	5			
19	1	2	3	4	5	1	2	3	4	5			
20	1	2	3	4	5	1	2	3	4	5			
21	1	2	3	4	5	1	2	3	4	5			
22	1	2	3	4	5	1	2	3	4	5			
23	1	2	3	4	5	1	2	3	4	5			
24	1	2	3	4	5	1	2	3	4	5			
25	1	2	3	4	5	1	2	3	4	5			