

**Machine Scored Exam Grading
Computing & Information Technology**

**SUNY GENESEO
South Hall 124B 245-5577**

Instructor _____ Date _____
Department _____ Phone _____
Course Title & Section (ex. xxx101 section 100) _____
Email _____@geneseo.edu ****REQUIRED****
Special Instructions _____

Select below options if necessary. Additional processing for CIT is required.

- 2) Questions have been omitted [answer left blank on KEY] NO* YES
3) Questions have been weighted [extra KEY enclosed] NO* YES * = Default
-

• PERSON PICKING UP GRADED EXAMS PLEASE SIGN BELOW •

NAME _____ **DATE** _____ **OPER INITIALS** _____

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