|  |  |
| --- | --- |
| Contact person: | [ ]  BOZ or [ ]  Examiner |

|  |  |
| --- | --- |
| Your name: |  |
| Building / room number: |  |
| Email: |  |
| Telephone: |  |
| We can ONLY process your order if you answer these 6 questions: |
| Examiner name (max. 20 char): |  |
| Faculty *(for billing)*: |  |
| Name of the exam (max. 30 char): |  |
| Course code: |  |
| Exam date: |  |
| Number of forms: *(including the form with the correct answers, student number=000000)* |  |
| Contents of this exam |

|  |  |  |  |
| --- | --- | --- | --- |
| **Multiple choice questions** | **Number of questions** | **Points per question***whole points; no decimals* | **Total points** |
| MC questions, 4 answer choices |  |  |  |
| MC questions, \_\_ answer choices |  |  |  |
| MC questions, \_\_ answer choices |  |  |  |
| Maximum score |  |

|  |  |
| --- | --- |
| Reports to be emailed | Comments: |

|  |  |
| --- | --- |
| [ ]  Answers for each student (CSV)[ ]  Final grades (XLS)[ ]  Exam analysis (PDF)[ ]  Scan of all student forms (PDF)  |  |
| Score / grade conversion*Specify the lowest score for each grade* |
| **Grade** | **Lowest score** |
| 10 |  |
| 9 |  |
| 8 |  |
| 7 |  |
| 6 |  |
| 5 |  |
| 4 |  |
| 3 |  |
| 2 |  |
| 1 | XXX |