

Gradescope Scanning Order Form



Please complete all sections of this form. For assistance, please contact the Office of Measurement Services at (612) 626-0006 or oms@umn.edu.

The following fields are required for timely exam processing.

Remember to provide a blank exam/template, and add oms@umn.edu as an instructor or TA to your Gradescope course

Instructor (Last, First):	Phone:	x500 Email:
T.A. (Last, First) (only needed if TA is to receive notifications):	Phone:	x500 Email:
Department:	Course Name, Number and Section (Example: ANTH 1001 063):	
EFS Number: _____ - _____ - _____ - (_____ - _____ - _____) Fund Department ID Program (Chart Field Employee ID*) * only if required		

Notification will be sent to the email(s) above when results are available in Gradescope.

INSTRUCTOR/TA: please check the box to indicate these tasks have been completed:

1. oms@umn.edu has been added to your Gradescope course roster as a TA
2. Provide a template (blank exam) for Assignment Name _____
 - 2a PDF of blank exam has been uploaded to Gradescope, ~OR~
 - 2b A blank exam has been provided for OMS to upload

Note 1 OMS will set area for Name and ID

Note 2 If you wish OMS to set up the grading outline, we will need a pre-scanning discussion to understand needs and scope

Number of pages in exam _____ **Single or Double Sided?** _____

Is your exam arriving in more than one envelope? If so, please note how many _____

Returning Answer Sheets (Required – Select One)

I would like to have my answer sheets returned via:

- | | |
|---|---|
| <input type="checkbox"/> Campus Courier (please fill in next section) | <input type="checkbox"/> Pickup at OMS (879 29 th Ave. SE) |
| <input type="checkbox"/> Campus mail (Please note delivery code below)
<i>If selected, please initial:</i> Though minimal, I accept the entire risk associated with sending scored answer sheets via campus mail. Initials: _____ | <input type="checkbox"/> Do not return. Securely Destroy after 6 weeks
<i>If selected, please initial:</i> I acknowledge answer sheets will be destroyed after 6 weeks. Initials: _____ |

Campus Courier / Campus Mail Information (If Campus Courier or Campus Mail is selected above)

Room Number: _____ Building: _____ Delivery Code (if Campus Mail): _____

UNIVERSITY OF MINNESOTA

103 University Stores South
 879 29th Avenue Southeast
 Minneapolis, MN 55414
 Fax: 612-624-1336 \ Phone: 612-626-0006

For Office Use Only	
# of exams	_____
1- or 2-sided?	_____
Sheets per exam	_____
Time	_____

OMS Pickup Verification
(required at time of pickup)
Picked up by (signature)
Date:

Tasks Included in Gradescope Services

We expect to complete the following tasks for your exam. Services are billed based on the time required to complete tasks (quarter-hour increments at our hourly implementation rate of \$63). A typical, 500-page Gradescope project takes 15-30 minutes to complete.

Processing Tasks	Gradescope Tasks
Orient exams	Upload template into Gradescope (if needed)
Cut off staples	Set area for name and ID
Scan to PDF	Upload exams into Gradescope
	Resolve auto-split issues
	Resolve any roster issues

Preparation: How to Reduce Processing Time

- Ensure the **top margin** of the printed exam is large enough that we can cut off staples without potentially cutting off student name or other test content
- Try to keep pages from getting badly crumpled or bent
- Ensure we have everything necessary to process your exams, including:
 - Upload the exam file (blank exam) into the correct course on Gradescope
 - Make sure oms@umn.edu is set up as a TA in the course

Thank you!

Please note questions, information that will help us scan and upload your exams, or additional services you would like to see. Feel free to use the space below, or email us at oms@umn.edu. Thanks!