

EXAMINER'S REPORT

ACS DivCHED Examinations Institute

EXAM _____ Gray Form _____ Yellow Form _____ (if applicable)

INSTRUCTOR'S NAME: _____

COLLEGE OR UNIVERSITY: _____

ADDRESS OF INSTITUTION: _____

CITY: _____ STATE: _____ ZIP _____

TELEPHONE NUMBER: _____ E-MAIL ADDRESS: _____

NAME OF COURSE: _____ COURSE NO. _____ DATE: _____

FORMAT OF STUDENT DATA

◆ Spreadsheet or ASCII file sent to kmurphy@uwm.edu email attachment

File name _____

◆ Spreadsheet or ASCII file on a floppy disk. Sent by mail File name _____

◆ Original Scantron® answer sheets returned with this Report. To be returned to you? ◆ yes ◆ no

◆ Total score report sheet returned with this report.

CATALOG PREREQUISITES FOR THIS COURSE: (list courses and semester hours)

Chemistry: Physics: Math:

LENGTH OF THIS COURSE:

No. of Semesters _____ Semester Hours _____ **OR** No. of Quarters _____ Quarter Hours _____

Lecture Hours Per Week _____ Laboratory Hours Per Week _____

NUMBER OF STUDENTS IN COURSE TO WHOM ADMINISTERED: (estimate)

Male _____ Female _____ **TOTAL** _____

Freshmen _____ Sophomores _____ Juniors _____ Seniors _____ Graduates _____ **TOTAL** _____

PROFESSIONAL GOALS: (estimate number of students)

Chemist or Chemical Engineer _____ Nursing, Home Ec. or Agriculture _____

Science Major other than Chemistry _____ (or related fields)

Engineer other than Chemical Engr. _____ Non-Science profession _____

Medical Sciences _____ Undecided or Unspecified _____

Please report any deviation from the directions in administering and scoring, i.e., time, etc.

