



Project: _____
Job # _____
Date: _____

Assessment Project Request

This request is for services other than exam and evaluation services provided by the Testing Center.

DATE: _____ **CONTACT PERSON:** _____

PHONE: _____ **E-MAIL:** _____

DEPARTMENT/ORGANIZATION: _____

SHRED SHEETS UPON COMPLETION

PROJECT NAME (please select):

AODA (Alcohol and Drug Assessment)	Mission Possible	YRBS (Youth Risk Behavior)
Pre-College ACT	Safe and Sound	Common Read
		NF Survey
		CLEP Survey

Other : _____

Reports (please select)

Statistics

- ITEM ANALYSIS/FREQUENCIES
- MEAN, MEDIAN, MODE
- STANDARD DEVIATION

Data

- ASCII FILE (tab delimited, fixed)
- EXCEL FILE
- CSV FILE

FOR OFFICE USE ONLY

Job #	File Name(s)	Date Processed	Staff
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Number Scanned	Sheets	Total
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.06 (on campus)		
.14 (off campus)		

Fees	Time	Total	Total Charges
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Application Programming \$45.00/hr			
Scanning \$45.00/hr			
Reporting \$45.00/hr			