



CROWDMARK BASED MIDTERMS

REQUEST FOR PRINTING AND SCANNING SUPPORT

Do not use this form for final examinations

Faculty authorization is required to outsource printing and scanning services in support of the administration of Crowdmarm based midterm examinations and can only be requested by Instructors. For more information on the Faculty of Science Crowdmarm examination processes please contact: Rob Borgersen (Robert.Borgersen@umanitoba.ca) or James Xidos (James.Xidos@umanitoba.ca).

INSTRUCTOR INFORMATION

PART A – Required information for all midterm examination printing and scanning requests:

Instructor's full name: _____

Course Name: _____ CRN: _____ Number of Students _____

Organization: _____

Work address: _____

Phone (work): _____

PLEASE DESCRIBE THE SUPPORT REQUIRED FOR PRINTING AND SCANNING:

Date and time of midterm examination: _____

☐ Printing of Midterm exam is required.

- Crowdmarm PDF will be available for printing on Date/Time: _____.
- Examinations to be stapled every _____ pages.
- Deliver to Location: _____ on/between Date/Time: _____.

☐ Scanning of Midterm exam is required.

- Scanning will be dropped off on Date/Time: _____ (After hours drop-offs must be to security office).
- I would like to begin grading on or before Date/Time: _____.
- I would like exams (securely stored after scanning ☐ or delivered to location: _____).

Account Number to charge work to _____.

Please contact umsucc@umanitoba.ca with any printing or scanning related questions.

Instructor's Declaration of Responsibility

I understand that I must take all reasonable precautions to ensure that the completed examinations are handled to ensure their integrity and security.

Applicant's signature: _____ Date: _____

DEPARTMENTAL AUTHORIZATION

I authorize this above named Instructor to outsource the printing and/or scanning services to <Print Shop> in support of a Crowdmark based midterm examination.

Dept./Unit Head: _____ Dept./Unit: _____

Head's signature: _____ Date: _____

Send both completed pages of this form to:

UMSU Digital Copy Centre
Room 118, University Centre
umsucc@umanitoba.ca
204-474-6533
204-261-9384

PRINT SHOP USE ONLY

PRINTING: _____ YES _____ NO

If yes, complete information below. If no, go to SCANNING section

PDF for printing received on _____ received by: _____
DATE DPDC STAFF DEPARTMENT STAFF

PLEASE REFER TO PURCHASE ORDER # _____ and JOB # _____ FOR
ADDITIONAL PRINTING/SCANNING & DELIVERY INSTRUCTIONS.

SCANNING: _____ YES _____ NO

If yes, complete information below. If no, skip this section.

Completed written exams received on _____ received by: _____
DATE DPDC STAFF DEPARTMENT STAFF

PLEASE REFER TO PURCHASE ORDER # _____ and JOB # _____ FOR
ADDITIONAL PRINTING/SCANNING & DELIVERY INSTRUCTIONS.