



Job Request Form



Optical Scanning Services - MCQ Exam & Student Evaluation of Courses & Teachers

Prof./Dr./Mr./Ms.	Surname	Given Name	(Please fill in BLOCK Letter)
Requested By:		Telephone No.:	
Department:		Email Address:	
Endorsed By:		Date Sent: _____ D/ _____ M / _____ Y	
(Chairman of Department / Head of Unit)		Date Required : _____ D/ _____ M / _____ Y	

Part A: Optical Scoring & Reporting for MCQ Exam

Title of Programme:		
Name of Programme Director:		
For Official Use (to be completed by OES):		
No. of Sheets Used:	Man Hour(s):	

Part B: Printing & Optical Scanning for Student Evaluation of Courses & Teachers

Title of Programme:		
Name of Programme Director:		
For Official Use (to be completed by OES):		
No. of Sheets Used:	Man Hour(s):	