



Independent Study Group Delivery Processing Form

To allow accurate grading of your exam submissions and to ensure that the results are returned properly, please do the following:

- **Complete this form and return it with your opscan forms for scoring**
- **Include single copy of the original exam from the Independent Study website that was used for your training**

***Failure to properly complete all fields on this form will result in a delay in processing your exam submissions and/or they may be returned for clarification.**

Please indicate the full course title, course code, course suffix, and the version number or revision date. *Please see examples below*

Course Title:	Course Code:	Course Suffix:	Exam Version or Revision Date: (located in the upper right corner of the exams)

Example

Course Title:	Course Code:	Course Suffix:	Exam Version or Revision Date:
<i>National Incident Management System</i>	<i>IS-700</i>	<i>.a</i>	<i>4</i>

Example

Course Title:	Course Code:	Course Suffix:	Exam Version or Revision Date:
<i>Introduction to Incident Command System</i>	<i>IS-100</i>	<i>.b</i>	<i>102010</i>

Please indicate where certificates and/or failure letters should be mailed:

	Mail certificates directly to the individual students
	Mail ALL certificates and or failure letters to the below address:

Instructor Name

Contact Phone Number

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