



Selective

※Write the steps leading to your answer if there are no specific instructions for the problem.

Problem
No.

1

2

3

4

5

Choose the
problem
number

Please fill in the box below.

Put your sticker for Section 2
with the bar code here.

Name		Examinee Number	
Gender (Check the appropriate box)		Age	
Male <input type="checkbox"/> Female <input type="checkbox"/>			
Date of Birth (year)		(month)	(day)
Address			
		/ 4	

Selective

※Write the steps leading to your answer if there are no specific instructions for the problem.

Problem
No.

- 1
- 2
- 3
- 4
- 5

Choose the
problem
number

● Problems 6 and 7 are required.

1st Kyu - 2 (Sheet No. 3)

Problem
No. 6

※Write the steps leading to your answer if there are no specific instructions for the problem.

Required

Problem No. 7 Required	※Write the steps leading to your answer if there are no specific instructions for the problem.
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● If you have time, please answer the following questionnaire. Check the appropriate box.

Which problems did you find interesting? Check the two problems you found most interesting. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>		
Test Time Short <input type="checkbox"/> Appropriate <input type="checkbox"/> Long <input type="checkbox"/>	Level Difficult <input type="checkbox"/> Appropriate <input type="checkbox"/> Easy <input type="checkbox"/>	
Was the supervisor in the class during the test? (Yes <input type="checkbox"/> No <input type="checkbox"/>)		