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Please fill in the box below.

Put your sticker for Section 1 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			
		/ 15	

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14	① <hr style="border-top: 1px dotted black;"/> ②
15	① <hr style="border-top: 1px dotted black;"/> ②

- Use an eraser when correcting your answers.
- Write your answers clearly on the answer sheet.

● If you have time, please answer the following questionnaire. Check the appropriate box.

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"/>		
What made you decide to take the test?					
• To know my ability / challenge myself. <input type="checkbox"/>		• To prepare for entrance exams. <input type="checkbox"/>			
• To get the certificate and use it in the future. <input type="checkbox"/>		• I like math. <input type="checkbox"/>			
• To make math my strong subject. <input type="checkbox"/>		• Encouraged by teachers, parents or friends. <input type="checkbox"/>			
• Other <input type="checkbox"/>					
You heard the supervisor declare "The envelope containing the test problems was opened today." (Yes <input type="checkbox"/> No <input type="checkbox"/>)					