



Selective	※Write the steps leading to your answer if there are no specific instructions for the problem.
Problem No.	
1 <input type="radio"/>	
2 <input type="radio"/>	
3 <input type="radio"/>	
4 <input type="radio"/>	
5 <input type="radio"/>	
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			
		/ 5	

<p>Selective</p> <p>Problem No.</p> <p>1 <input type="radio"/></p> <p>2 <input type="radio"/></p> <p>3 <input type="radio"/></p> <p>4 <input type="radio"/></p> <p>5 <input type="radio"/></p> <p>Choose the problem number</p>	<p>※Write the steps leading to your answer if there are no specific instructions for the problem.</p>
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<p>Selective</p> <p>Problem No.</p> <p>1 <input type="radio"/></p> <p>2 <input type="radio"/></p> <p>3 <input type="radio"/></p> <p>4 <input type="radio"/></p> <p>5 <input type="radio"/></p> <p>Choose the problem number</p>	<p>※Write the steps leading to your answer if there are no specific instructions for the problem.</p>
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● Problems 6 and 7 are required.

2nd Kyu - 2 (Sheet No. 3)

<p>Problem No. 6</p> <p>Required</p>	<p>※Write the steps leading to your answer if there are no specific instructions for the problem.</p>
<p>Problem No. 7</p> <p>Required</p>	<p>※Write the steps leading to your answer if there are no specific instructions for the problem.</p>

● 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"/>)		