

<b>1</b>	(1)	
	(2)	
	(3)	
	(4)	
	(5)	
	(6)	
	(7)	
	(8)	
	(9)	
	(10)	

<b>1</b>	(11)	
	(12)	
<b>2</b>	(13)	
	(14)	
<b>3</b>	(15)	
	(16)	
<b>4</b>	(17)	:
	(18)	:
<b>5</b>	(19)	
	(20)	

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

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			
			/ 30

6	(21)	
	(22)	
	(23)	
	(24)	
7	(25)	
	(26)	
8	(27)	$x =$
	(28)	$x =$
9	(29)	$y =$
	(30)	$y =$

● 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? <ul style="list-style-type: none"> <li>• To know my ability / challenge myself. <input type="checkbox"/></li> <li>• To get the certificate and use it in the future. <input type="checkbox"/></li> <li>• To make math my strong subject. <input type="checkbox"/></li> <li>• Other <input type="checkbox"/></li> </ul>	
<ul style="list-style-type: none"> <li>• To prepare for entrance exams. <input type="checkbox"/></li> <li>• I like math. <input type="checkbox"/></li> <li>• Encouraged by teachers, parents or friends. <input type="checkbox"/></li> </ul>	
You heard the supervisor declare "The envelope containing the test problems was opened today." ( Yes <input type="checkbox"/> No <input type="checkbox"/> )	