

1	(1)	
	(2)	
	(3)	
	(4)	
	(5)	
2	(6)	
	(7)	
	(8)	
	(9)	
	(10)	

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) Male <input type="checkbox"/> Female <input type="checkbox"/>		Age
Date of Birth (year) (month) (day)		
Address		
		/ 15

3	(11)	
	(12)	
	(13)	
	(14)	① ----- ②
	(15)	① ----- 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			Level		
Short <input type="checkbox"/>	Appropriate <input type="checkbox"/>	Long <input type="checkbox"/>	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"/>)					