



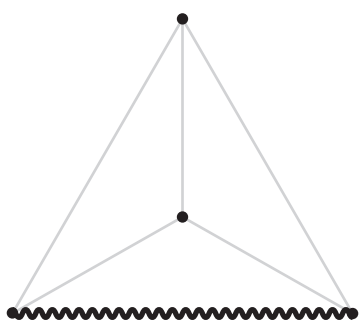


| | | |
|----------|-----|--|
| 1 | (1) | |
| | (2) | ※Write the steps leading to your answer. |
| 2 | (3) | ※Write the steps leading to your answer. |

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) Male <input type="checkbox"/> Female <input type="checkbox"/> | | Age | |
| Date of Birth (year) | | (month) | (day) |
| Address | | | |
| | | | / 10 |

| | | |
|---|-----|--|
| 3 | (4) | |
| 4 | (5) | |
| | (6) | ※Write the steps leading to your answer. |
| 5 | (7) | ※Write the steps leading to your answer. |

| | | |
|--|------|--|
| <div style="border: 1px solid black; display: inline-block; padding: 5px; margin: 10px;">6</div> | (8) | |
| | (9) | <p>※Write the steps leading to your answer.</p> |
| <div style="border: 1px solid black; display: inline-block; padding: 5px; margin: 10px;">7</div> | (10) | <div style="text-align: center;">  </div> <div style="margin-left: 200px;"> <p>Bold line </p> <p>Dotted line </p> </div> |

● 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 | 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"/> | |
| Was the supervisor in the class during the test? | | (Yes <input type="checkbox"/> No <input type="checkbox"/>) |