

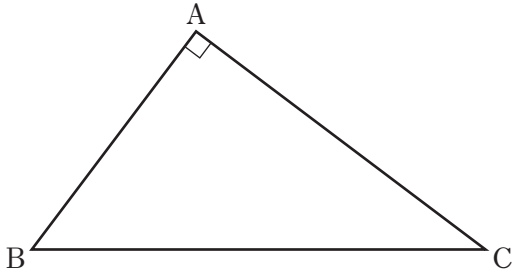
1	(1)			cm
	(2)			
2	(3)	Edges		
	(4)			
3	(5)			
	(6)			
4	(7)			
	(8)			
	(9)			
5	(10)	X		Y

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

Please fill in the box.(the bold part is mandatory)

Put your sticker for Section 2 with the bar code here.

Name		Examinee Number	
		—	
Date of Birth (year)		(month)	(day)
Gender (Check the appropriate box) Male <input type="checkbox"/> Female <input type="checkbox"/>		Age	
Address			20

5	(11)	
	(12)	
6	(13)	$n =$
	(14)	
7	(15)	
		<u>(Answer) $a =$</u>
	(16)	(,)
	(17)	
8	(18)	
9	(19)	minutes
	(20)	

● 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"/>	8	<input type="checkbox"/>	9	<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"/>)				