

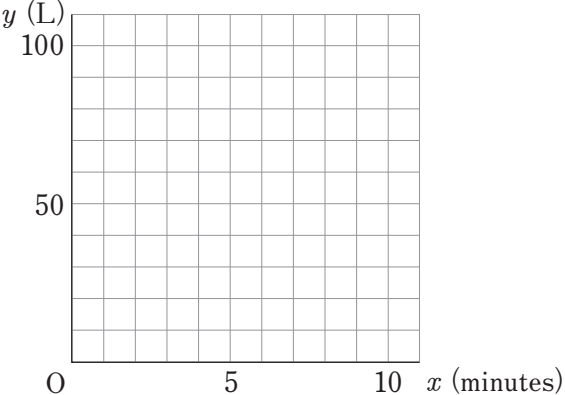
1	(1)	
	(2)	
2	(3)	
	(4)	
3	(5)	
	(6)	
4	(7)	
	(8)	
	(9)	
5	(10)	

- 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)	
6	(12)	
	(13)	<p style="text-align: center;">vanilla chocolate</p> <p>(Answer) _____ , _____</p>
7	(14)	$y =$
	(15)	
	(16)	minutes
8	(17)	
	(18)	
9	(19)	marks
	(20)	kg

● 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"/>)