

<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.(the bold part is mandatory)

Put your sticker for Section 1  
with the bar code here.

<b>Name</b>		<b>Examinee Number</b>	
		—	
<b>Date of Birth (year)</b>		<b>(month)</b>	<b>(day)</b>
Gender (Check the appropriate box) Male <input type="checkbox"/> Female <input type="checkbox"/>		<b>Age</b>	
<b>Address</b>			/
			30

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

● 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"/> )	