

<b>1</b>	(1)	
	(2)	
	(3)	
	(4)	
	(5)	
	(6)	
	(7)	
	(8)	
<b>2</b>	(9)	
	(10)	

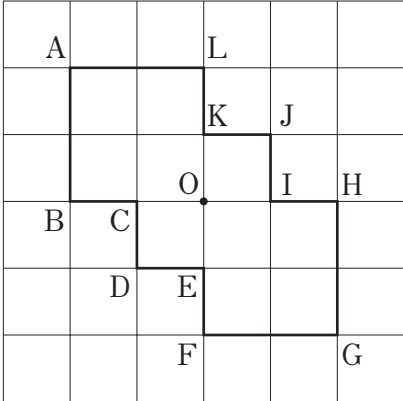
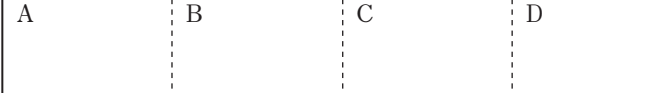
<b>3</b>	(11)	:
	(12)	:
<b>4</b>	(13)	
	(14)	
	(15)	
<b>5</b>	(16)	kg
	(17)	kg
<b>6</b>	(18)	°C
	(19)	°C
<b>7</b>	(20)	

- 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  
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

7	(21)	
8	(22)	:
	(23)	mL
9	(24)	ways
	(25)	ways
10	(26)	Side
	(27)	cm
	(28)	
11	(29)	
	(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"/>
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"/> 10 <input type="checkbox"/> 11 <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"/> )	
Was the supervisor in the class during the test? ( Yes <input type="checkbox"/> No <input type="checkbox"/> )	