

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

<b>1</b>	(11)	
	(12)	
<b>2</b>	(13)	
	(14)	(seconds)
	(15)	
<b>3</b>	(16)	sheets
	(17)	yen
<b>4</b>	(18)	
	(19)	
<b>5</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

<b>5</b>	(21)	
<b>6</b>	(22)	m
	(23)	(Calculation)
		<u>(Answer) m</u>
<b>7</b>	(24)	
	(25)	
	(26)	
<b>8</b>	(27)	Face
	(28)	Side
<b>9</b>	(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"/>	
You heard the supervisor declare "The envelope containing the test problems was opened today." <span style="float: right;">( Yes <input type="checkbox"/>    No <input type="checkbox"/> )</span>	
Was the supervisor in the class during the test? <span style="float: right;">( Yes <input type="checkbox"/>    No <input type="checkbox"/> )</span>	