

1	
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4	<div style="text-align: center;">①</div> <hr style="border-top: 1px dashed black;"/> <div style="text-align: center;">②</div>

- 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.

Name		Examinee Number	
		—	
Date of Birth (year)		(month)	(day)
Gender (Check the appropriate box) Male <input type="checkbox"/> Female <input type="checkbox"/>		Age	
Address			/
			7

5	①
	②
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● 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"> • To know my ability / challenge myself. <input type="checkbox"/> • To get the certificate and use it in the future. <input type="checkbox"/> • To make math my strong subject. <input type="checkbox"/> • Other <input type="checkbox"/> 	<ul style="list-style-type: none"> • To prepare for entrance exams. <input type="checkbox"/> • I like math. <input type="checkbox"/> • Encouraged by teachers, parents or friends. <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"/>)	