



|                           |  |
|---------------------------|--|
| <b>Selective</b>          | ※Write the steps leading to your answer if there are no specific instructions for the problem. |
| Problem No.               |  |
| 1 <input type="radio"/>   |  |
| 2 <input type="radio"/>   |  |
| 3 <input type="radio"/>   |  |
| 4 <input type="radio"/>   |  |
| 5 <input type="radio"/>   |  |
| Choose the problem number |  |

Please fill in the box.(the bold part is mandatory)

Put your sticker for Section 2 with the bar code here.

|  |  |                        |
|--|--|------------------------|
| <b>Name</b>  |  | <b>Examinee Number</b> |
|  |  | —                      |
| <b>Date of Birth (year)</b>  |  | <b>(month) (day)</b>   |
|  |  |                        |
| Gender (Check the appropriate box) Male <input type="checkbox"/> Female <input type="checkbox"/> |  | <b>Age</b>             |
| Address  |  |                        |
|  |  | / 4                    |

**Selective**

※Write the steps leading to your answer if there are no specific instructions for the problem.

Problem  
No.

- 1
- 2
- 3
- 4
- 5

Choose the  
problem  
number

● Problems 6 and 7 are required.

pre1st Kyu - 2 (Sheet No. 3)

Problem  
No. 6

※Write the steps leading to your answer if there are no specific instructions for the problem.

**Required**

|                                      |  |
|--------------------------------------|--|
| Problem No. 7<br><br><b>Required</b> | ※Write the steps leading to your answer if there are no specific instructions for the problem. |
|--------------------------------------|--|

● 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.<br>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"/> |  |  |
| Test Time<br>Short <input type="checkbox"/> Appropriate <input type="checkbox"/> Long <input type="checkbox"/>  | Level<br>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"/> )   |  |  |