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| 1 | (1) | ※Write the steps leading to your answer. |
| | (2) | |
| 2 | (3) | |

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

Put your sticker for Section 2
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 | | | / 10 |

| | | |
|---|-----|--|
| 3 | (4) | |
| | (5) | |
| 4 | (6) | ※Write the steps leading to your answer. |
| 5 | (7) | ※Write the steps leading to your answer. |

| | | |
|----------|------|--|
| | (8) | |
| 6 | (9) | ※Write the steps leading to your answer. |
| 7 | (10) | |

● 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. 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 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"/> | |
| Was the supervisor in the class during the test? (Yes <input type="checkbox"/> No <input type="checkbox"/>) | | |