

[Pre-1st Kyu] Section 2: Application Test **Answer Sheet** (No. 1)

- Use an eraser when correcting your answers.
- Write your answers clearly on the answer sheet.

***Fill in next to the problem you chose and write your answer.**

Selective Problem No.

- 1
- 2
- 3
- 4
- 5

Fill in next to the problem you chose to answer.

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

Please fill in the box below.

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

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

/ 4	
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***Fill in next to the problem you chose and write your answer.**

(No. 2)

**Selective
Problem
No.**

1

2

3

4

5

Fill in
next to the
problem
you chose
to answer.

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

- Use an eraser when correcting your answers.
- Write your answers clearly on the answer sheet.

*** Problems 6 and 7 are required.**

(No. 3)

**Problem
No. 6
Required**

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

Pre-1st Kyu Section 2 (No. 4)

Problem No. 7 Required	* Write the steps leading to your answer if there are no specific instructions for the problem.
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* Fill in the following parentheses.
 Date of examination ... Year () Month () Day () 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"/>	
Examination 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 examination? (Yes <input type="checkbox"/> No <input type="checkbox"/>)	