

[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.**

<p>Selective Problem No.</p> <p>1 <input type="radio"/></p> <p>2 <input type="radio"/></p> <p>3 <input type="radio"/></p> <p>4 <input type="radio"/></p> <p>5 <input type="radio"/></p> <p>Fill in <input type="radio"/> next to the problem you chose to answer.</p>	<p>* Write the steps leading to your answer if there are no specific instructions for the problem.</p>
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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.

(No. 3)

**Problem
No. 6
Required**

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

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.
 Date of examination ... Year () Month () Day () Time : ():() - ():()

● Please answer the following questionnaire if you have time. Check the appropriate box.

Which problems did you find interesting? Check at 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"/>)	