

# Test Answer Sheet



**INSTRUCTIONS**  
Fill in bubbles with pencil or blue/black ink  
DO NOT USE RED



**TEST VERSION**  
A B C D E

**ID**

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
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**STUDENT NUMBER**

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
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101	102	103	104	105	106	107	108	109	110
111	112	113	114	115	116	117	118	119	120

SCHOOL, UNIVERSITY OR INSTITUTION:

LAST NAME:

NAME:

SUBJECT

DAY	MONTH	YEAR	GROUP	TEST NAME
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SIGNATURE

**OFFICE USE ONLY**  
**OPEN QUESTIONS**

1	0	1/4	1/2	1	2	3	4	5	10	20
2	0	1/4	1/2	1	2	3	4	5	10	20
3	0	1/4	1/2	1	2	3	4	5	10	20
4	0	1/4	1/2	1	2	3	4	5	10	20
5	0	1/4	1/2	1	2	3	4	5	10	20
6	0	1/4	1/2	1	2	3	4	5	10	20
7	0	1/4	1/2	1	2	3	4	5	10	20
8	0	1/4	1/2	1	2	3	4	5	10	20
9	0	1/4	1/2	1	2	3	4	5	10	20
10	0	1/4	1/2	1	2	3	4	5	10	20

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