



MULTIPLE CHOICE ANSWER SHEET

DEPARTMENT:

SCHOOL:

SUBJECT:

TIME:

FULL NAME:

CLASS:

Notes:

- Fill in all fields and keep this sheet flat and uncreased.
- Shade only ONE circle per question with a dark pencil or pen.
- Do not erase with sharp objects that may tear the sheet.

SCORE

STUDENT ID

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

TEST CODE

0	0	0
1	1	0
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9



	A	B	C	D
1	☐	☐	☐	☐
2	☐	☐	☐	☐
3	☐	☐	☐	☐
4	☐	☐	☐	☐
5	☐	☐	☐	☐
6	☐	☐	☐	☐
7	☐	☐	☐	☐
8	☐	☐	☐	☐
9	☐	☐	☐	☐
10	☐	☐	☐	☐

	A	B	C	D
11	☐	☐	☐	☐
12	☐	☐	☐	☐
13	☐	☐	☐	☐
14	☐	☐	☐	☐
15	☐	☐	☐	☐
16	☐	☐	☐	☐
17	☐	☐	☐	☐
18	☐	☐	☐	☐
19	☐	☐	☐	☐
20	☐	☐	☐	☐

	A	B	C	D
21	☐	☐	☐	☐
22	☐	☐	☐	☐
23	☐	☐	☐	☐
24	☐	☐	☐	☐
25	☐	☐	☐	☐
26	☐	☐	☐	☐
27	☐	☐	☐	☐
28	☐	☐	☐	☐
29	☐	☐	☐	☐
30	☐	☐	☐	☐

	A	B	C	D
31	☐	☐	☐	☐
32	☐	☐	☐	☐
33	☐	☐	☐	☐
34	☐	☐	☐	☐
35	☐	☐	☐	☐
36	☐	☐	☐	☐
37	☐	☐	☐	☐
38	☐	☐	☐	☐
39	☐	☐	☐	☐
40	☐	☐	☐	☐