

Form for answers

For automatic analysis

Fullname:
StudentID:
Signature:

Invigilator

ID number

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

Group: A ☐ B ☐ C ☒ D ☐ E ☐ F ☐

This answer form will be scanned automatically. Please do not fold or spot. Use a black or blue pen to mark the fields:



Only clear markings can be interpreted correctly! If you want to correct a marking, completely fill the box with color. This field will be interpreted like an empty box:



Corrected boxes cannot be marked again. Please do not write anything outside of the boxes.

	a	b	c	d
1)	☐	☐	☐	☐
2)	☐	☐	☐	☐
3)	☐	☐	☐	☐