OMR Answer Sheet (15 Questions)

Student ID

Student name

Fill one bubble per question completely using a blue or black pen. If you change an answer, erase it fully or ask for a fresh sheet. Do not make stray marks outside the bubbles.

Answers

Mark your answer for each question below.

	Please cross one in each line	A	B	C	D	E
Question 1		◯	◯	◯	◯	◯
Question 2		◯	◯	◯	◯	◯
Question 3		◯	◯	◯	◯	◯
Question 4		◯	◯	◯	◯	◯
Question 5		◯	◯	◯	◯	◯
Question 6		◯	◯	◯	◯	◯
Question 7		◯	◯	◯	◯	◯
Question 8		◯	◯	◯	◯	◯
Question 9		◯	◯	◯	◯	◯
Question 10		◯	◯	◯	◯	◯
Question 11		◯	◯	◯	◯	◯
Question 12		◯	◯	◯	◯	◯
Question 13		◯	◯	◯	◯	◯
Question 14		◯	◯	◯	◯	◯
Question 15		◯	◯	◯	◯	◯

Check that you have marked exactly one bubble per question, then hand this sheet back to the proctor.

To respond ⊗ or ●

DRFT 0001