OMR Answer Sheet

Student ID

Student name

Fill in one bubble per question with a blue or black pen. **Mark your answer for each question.**

	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		○	○	○	○	○
Question 16		○	○	○	○	○
Question 17		○	○	○	○	○
Question 18		○	○	○	○	○
Question 19		○	○	○	○	○
Question 20		○	○	○	○	○

To respond ⊗ or ●

DRFT 0001