

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

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Question 2

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Question 3

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Question 4

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Question 5

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Question 6

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Question 7

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Question 8

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Question 9

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Question 10

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Question 11

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Question 12

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Question 13

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Question 14

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Question 15

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Question 16

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Question 17

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Question 18

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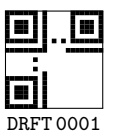
Question 19

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Question 20

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To respond ☐ or ☐



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