True or False Answer Sheet

Student ID

Student name

Mark one box for each question using a blue or black pen. Fill the box completely and do not make stray marks outside the boxes.

Mark your answers

Mark whether each statement is true or false.

	Please cross one in each line	*True*	*False*
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		◯	◯
Question 21		◯	◯
Question 22		◯	◯
Question 23		◯	◯
Question 24		◯	◯
Question 25		◯	◯

To respond ⊗ *or* ●

DRFT 0001