

## SIDE 2

<b>TEST FORM</b>		Choose only one answer for each question. Carefully and completely fill in the circle corresponding to the answer you choose so that the letter inside the circle cannot be seen. Completely erase any other marks you may have made.				
<b>TEST BOOK SERIAL NUMBER</b>		CORRECT A B <input checked="" type="radio"/> C D	WRONG A B <input checked="" type="radio"/> C D	WRONG A B <input checked="" type="radio"/> C D	WRONG A B <input checked="" type="radio"/> C D	WRONG A B <input checked="" type="radio"/> C D
<b>ROOM NUMBER</b>	<b>SEAT NUMBER</b>	NAME (Print) _____ <small>FAMILY NAME (SURNAME) GIVEN NAME MIDDLE NAME</small>				
SEX <input type="radio"/> Male <input type="radio"/> Female	DATE OF BIRTH <small>MO. / DAY / YEAR</small>	REGISTRATION NUMBER		SIGNATURE		

  

<b>SECTION 1</b> 1 A B C D 2 A B C D 3 A B C D 4 A B C D 5 A B C D 6 A B C D 7 A B C D 8 A B C D 9 A B C D 10 A B C D 11 A B C D 12 A B C D 13 A B C D 14 A B C D 15 A B C D 16 A B C D 17 A B C D 18 A B C D 19 A B C D 20 A B C D 21 A B C D 22 A B C D 23 A B C D 24 A B C D 25 A B C D 26 A B C D 27 A B C D 28 A B C D 29 A B C D 30 A B C D 31 A B C D 32 A B C D 33 A B C D 34 A B C D 35 A B C D 36 A B C D 37 A B C D 38 A B C D 39 A B C D 40 A B C D 41 A B C D 42 A B C D 43 A B C D 44 A B C D 45 A B C D 46 A B C D 47 A B C D 48 A B C D 49 A B C D 50 A B C D	<b>SECTION 2</b> 1 A B C D 2 A B C D 3 A B C D 4 A B C D 5 A B C D 6 A B C D 7 A B C D 8 A B C D 9 A B C D 10 A B C D 11 A B C D 12 A B C D 13 A B C D 14 A B C D 15 A B C D 16 A B C D 17 A B C D 18 A B C D 19 A B C D 20 A B C D 21 A B C D 22 A B C D 23 A B C D 24 A B C D 25 A B C D 26 A B C D 27 A B C D 28 A B C D 29 A B C D 30 A B C D 31 A B C D 32 A B C D 33 A B C D 34 A B C D 35 A B C D 36 A B C D 37 A B C D 38 A B C D 39 A B C D 40 A B C D 41 A B C D 42 A B C D 43 A B C D 44 A B C D 45 A B C D 46 A B C D 47 A B C D 48 A B C D 49 A B C D 50 A B C D	<b>SECTION 3</b> 1 A B C D 31 A B C D 2 A B C D 32 A B C D 3 A B C D 33 A B C D 4 A B C D 34 A B C D 5 A B C D 35 A B C D 6 A B C D 36 A B C D 7 A B C D 37 A B C D 8 A B C D 38 A B C D 9 A B C D 39 A B C D 10 A B C D 40 A B C D 11 A B C D 41 A B C D 12 A B C D 42 A B C D 13 A B C D 43 A B C D 14 A B C D 44 A B C D 15 A B C D 45 A B C D 16 A B C D 46 A B C D 17 A B C D 47 A B C D 18 A B C D 48 A B C D 19 A B C D 49 A B C D 20 A B C D 50 A B C D
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SAMPLE

**IF YOU DO NOT WANT THIS ANSWER SHEET TO BE SCORED**

If you want to cancel your scores from this administration, complete A and B below. The scores will not be sent to you or your designated recipients, and they will be removed from your permanent record.

**To cancel your scores from this test administration, you must:**

A. fill in both circles here      and      B. sign your name below

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**ONCE A SCORE IS CANCELED, IT CANNOT BE REPORTED AT ANY TIME.**

1R	2R	3R	TCS
1CS	2CS	3CS	
FOR ETS USE ONLY			M

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