

Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Date: \_\_\_\_\_ Student no:

Test: \_\_\_\_\_ Row:  Seat:  Group:

Answers (YES=„y”, NO=„n”, DON'T KNOW=„?”):

1:	2:	3:	4:	5:	6:	7:	8:
9:	10:	11:	12:	13:	14:	15:	16:

To send in your answers – make note of the test code, your group, row and seat, and the complete answer sequence.

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