

File Test 3

Answer Sheet **B**

GRAMMAR

Exercise 1

- | | |
|---------|---------|
| 1 _____ | 4 _____ |
| 2 _____ | 5 _____ |
| 3 _____ | 6 _____ |

Exercise 2

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____

Exercise 3

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

20

VOCABULARY

Exercise 4

- | | |
|---------|---------|
| 1 _____ | 4 _____ |
| 2 _____ | 5 _____ |
| 3 _____ | 6 _____ |

Exercise 5

- | | |
|---------|---------|
| 1 _____ | 5 _____ |
| 2 _____ | 6 _____ |
| 3 _____ | 7 _____ |
| 4 _____ | |

Exercise 6

- | | |
|------------------|------------------|
| 1 b _____ | 5 c _____ |
| 2 t _____ | 6 g _____ |
| 3 l _____ | 7 t _____ |
| 4 c _____ | |

20

PRONUNCIATION

Exercise 7

- 1 de|par|tures
- 2 ba|ggage
- 3 e|xam|ple
- 4 de|fi|ni|tion
- 5 pa|ssen|ger

Exercise 8

- | | |
|--------------------|---------------------|
| 1 flight | <i>sights</i> _____ |
| 2 emergency | _____ |
| 3 organize | _____ |

10

GVP total 50

READING

Exercise 1

- | | |
|--|--|
| 1 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | 4 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |
| 2 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | 5 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |
| 3 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | 6 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |

Exercise 2

- | | | | | |
|---------|---------|---------|---------|---------|
| 1 _____ | 2 _____ | 3 _____ | 4 _____ | 5 _____ |
| 6 _____ | 7 _____ | 8 _____ | 9 _____ | |

15

Reading and Writing total 25

LISTENING

Exercise 1

- | | |
|--|--|
| 1 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | 4 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |
| 2 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | 5 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |
| 3 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | |

Exercise 2

- | | | | | |
|---------|---------|---------|---------|---------|
| 1 _____ | 2 _____ | 3 _____ | 4 _____ | 5 _____ |
|---------|---------|---------|---------|---------|

10

Listening and Speaking total 25