

File Test 8

Answer Sheet **A**

GRAMMAR

Exercise 1

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

Exercise 2

- | | |
|------------------|---------------|
| 1 your / yours | 4 Its / Their |
| 2 their / theirs | 5 my / mine |
| 3 her / hers | 6 his / hers |

Exercise 3

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

 20

VOCABULARY

Exercise 4

- | | |
|-----------------|--------------------|
| 1 done / made | 4 wins / earns |
| 2 wear / carry | 5 knew / met |
| 3 borrow / lend | 6 waiting / hoping |

Exercise 5

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

Exercise 6

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

 20

PRONUNCIATION

Exercise 7

computer should wood food
course could hour football
woman trousers put young

Exercise 8

- 1 um|bre||la
- 2 ad|vice
- 3 de|ci|sion
- 4 sur|pri|sing|ly
- 5 con|di|tio|nal

 10

GVP total 50

READING

Exercise 1

- | | |
|--|--|
| 1 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"/> |
| 2 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | 7 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"/> | 8 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"/> | 9 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"/> | |

Exercise 2

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

 15

Reading and Writing total 25

LISTENING

Exercise 1

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

Exercise 2

- 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

 10

Listening and Speaking total 25