

File Test 3

Answer Sheet **A**

GRAMMAR

Exercise 1

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

Exercise 2

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

Exercise 3

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

 20

VOCABULARY

Exercise 4

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

Exercise 5

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

Exercise 6

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

 20

PRONUNCIATION

Exercise 7

- | | | |
|----------|---------------|-------|
| 1 sights | <i>flight</i> | _____ |
| 2 region | _____ | _____ |
| 3 guide | _____ | _____ |

Exercise 8

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

 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"/> |
| 2 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"/> |
| 4 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"/> |

 5

Exercise 2

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

 5

Listening and Speaking total 10