

# Feuilles de réponses



Nom et prénom: DE GROOTE Olivier

Matricule: 16027

Date: 4/2/2021

Cours: Math

Version: B

- |              |                                  |                                  |                                  |                       |                       |
|--------------|----------------------------------|----------------------------------|----------------------------------|-----------------------|-----------------------|
| Question 1 : | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |                       |                       |
| Question 2 : | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            |                       |                       |
| Question 3 : | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |                       |                       |
| Question 4 : | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Question 5 : | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            |                       |                       |



# Feuilles de réponses



Nom et prénom: BOUILLON Guillaume

Matricule: 17076

Date: 4/2/2021

Cours: Math

Version: B

- |              |                                  |                                  |                       |                                  |                       |
|--------------|----------------------------------|----------------------------------|-----------------------|----------------------------------|-----------------------|
| Question 1 : | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |                                  |                       |
| Question 2 : | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> |                                  |                       |
| Question 3 : | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> |                                  |                       |
| Question 4 : | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| Question 5 : | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |                                  |                       |