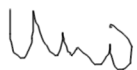


Personal Data

Family Name: prueba
Given Name: uno
Signature: 
checked

Registration Number

1	1	1	1	1	1	1	1	1	1
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3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
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6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9

In this section no changes or modifications must be made!		Scrambling <table border="1"><tr><td>0</td><td>0</td></tr></table>	0	0
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Type <table border="1"><tr><td>010</td></tr></table>	010	Exam ID <table border="1"><tr><td>15072900001</td></tr></table>		15072900001
010				
15072900001				

Please mark the boxes carefully: ☒ Not marked: ☐ or ☒

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Only clearly marked and positionally accurate crosses will be processed!

Answers 1 - 6

a b c d e

1

2

3 ☐ ☒ ☐ ☐ ☐

4 ☐ ☐ ☐ ☒ ☐

5 ☒ ☐ ☒ ☐ ☐

6

a b c d e

In this section **no** changes or modifications must be made!

Type

999

Exam ID

15072900001

1 ☐ ☐ ☐ ☐ ☐

2 ☐ ☐ ☐ ☐ ☐

6 ☐ ☐ ☐ ☐ ☐

In the following please fill in your answers.

1

3.13

2

439


6



Personal Data

Family Name:
prueba

Given Name:
dos

Signature:


checked

Registration Number

2 2 2 2 2 2 2

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
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3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
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7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9

In this section **no** changes or modifications must be made!

Scrambling

0 0

Type

010

Exam ID

15072900002

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Answers 1 - 6

a b c d e

1

2

3 ☐ ☐ ☐ ☒ ☐

4 ☐ ☐ ☒ ☐ ☐

5 ☐ ☒ ☐ ☐ ☒

6

a b c d e

In this section **no** changes or modifications must be made!

Type

999

Exam ID

15072900002

1 ☐ ☐ ☐ ☐ ☐

2 ☐ ☐ ☐ ☐ ☐

6 ☐ ☐ ☐ ☐ ☐

In the following please fill in your answers.

1

0.1476


2

256

6

VCov

Personal Data

Family Name: prueba
Given Name: tres
Signature: 
checked

Registration Number

3	3	3	3	3	3	3
---	---	---	---	---	---	---

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7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9

In this section no changes or modifications must be made!		Scrambling <table border="1"><tr><td>0</td><td>0</td></tr></table>	0	0
0	0			
Type <table border="1"><tr><td>010</td></tr></table>	010	Exam ID <table border="1"><tr><td>15072900003</td></tr></table>		15072900003
010				
15072900003				

Please mark the boxes carefully: ☒ Not marked: ☐ or ☐

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Answers 1 - 6

a b c d e

1

2

3 ☒ ☐ ☐ ☐ ☐

4 ☒ ☐ ☐ ☐ ☐

5 ☒ ☒ ☐ ☐ ☐

6

a b c d e



In this section **no** changes or modifications must be made!

Type

999

Exam ID

15072900003

1 ☐ ☐ ☐ ☐ ☐

2 ☐ ☐ ☐ ☐ ☐

6 ☐ ☐ ☐ ☐ ☐

In the following please fill in your answers.

1

17.1238

2

475

6


coef



Personal Data

Family Name:
prueba

Given Name:
cuatro

Signature:


checked

Registration Number

4,4,4,4,4,4,4

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
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2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9

In this section **no** changes or modifications must be made!

Type **010** Exam ID **15072900004**

Scrambling **0 0**

Please mark the boxes carefully: ☒ Not marked: ☐ or ☒

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Answers 1 - 6

a b c d e

1

2

3 ☐ ☒ ☐ ☐ ☐

4 ☐ ☒ ☐ ☐ ☐

5 ☒ ☐ ☒ ☐ ☐

6

a b c d e



In this section **no** changes or modifications must be made!

Type

999

Exam ID

15072900004

1 ☐ ☐ ☐ ☐ ☐

2 ☐ ☐ ☐ ☐ ☐

6 ☐ ☐ ☐ ☐ ☐

In the following please fill in your answers.

1

13.5065

2

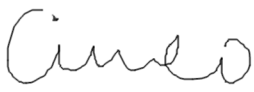
515

6

lm



Personal Data

Family Name: prueba
Given Name: cinco
Signature: 
checked

Registration Number

5	5	5	5	5	5	5
---	---	---	---	---	---	---

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
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2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9

In this section no changes or modifications must be made!		Scrambling <table border="1"><tr><td>0</td><td>0</td></tr></table>	0	0
0	0			
Type <table border="1"><tr><td>010</td></tr></table>	010	Exam ID <table border="1"><tr><td>15072900005</td></tr></table>		15072900005
010				
15072900005				

Please mark the boxes carefully: ☒ Not marked: ☐ or ☒

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Only clearly marked and positionally accurate crosses will be processed!

Answers 1 - 6

a b c d e

1

2

3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------

5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	-------------------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------

6

a b c d e



In this section **no** changes or modifications must be made!

Type

999

Exam ID

15072900005

1 ☐ ☐ ☐ ☐ ☐

2 ☐ ☐ ☐ ☐ ☐

6 ☐ ☐ ☐ ☐ ☐

In the following please fill in your answers.

1

20.8103

2

477

6

VCOV

