



Personal Data

Family Name:
Given Name:
Signature:
checked

Registration Number

0	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	1
2	<input type="checkbox"/>	<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"/>	<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"/>	<input 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	9

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

Type

120

Exam ID

25050610003

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

This document is scanned automatically. Please keep clean and do not bend or fold. For filling in the document please use a **blue or black pen**.

Only clearly marked and positionally accurate crosses will be processed!

Answers 1 - 15

	a	b	c
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a	b	c

Answers 16 - 20

	a	b	c
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a	b	c



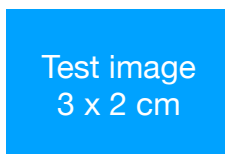
1. (1 point) This is the test question 4

- a. Correct
- b. x
- c. y

2. (1 point) This is the test question 3

- a. Correct
- b. y
- c. x

3. This is the test question 1



- a. y
- b. Correct
- c. x

4. (1 point) This is the test question 2

- a. Correct
- b. x
- c. y

5. (1 point) This is the test question 7

- a. x
- b. y
- c. Correct

6. (1 point) This is the test question 6

- a. x
- b. y
- c. Correct

7. (1 point) This is the test question 5

- a. x
- b. Correct
- c. y

8. (1 point) This is the test question 8

- a. y
- b. Correct
- c. x

9. (1 point) This is the test question 9

- a. y
- b. Correct
- c. x

10. (1 point) This is the test question 12

- a. x
- b. Correct
- c. y

11. (1 point) This is the test question 11

- a. x
- b. Correct
- c. y

12. (1 point) This is the test question 10

- a. x
- b. Correct
- c. y

13. (1 point) This is the test question 13

- a. y
- b. x
- c. Correct

14. (1 point) This is the test question 14

- a. Correct
- b. x
- c. y

15. (1 point) This is the test question 17

- a. Correct
- b. x
- c. y

16. (1 point) This is the test question 16

- a. Correct
- b. x
- c. y

17. (1 point) This is the test question 15

- a. Correct
- b. y
- c. x

18. (1 point) This is the test question 18

- a. y
- b. x
- c. Correct

19. (1 point) This is the test question 19

- a. x
- b. y
- c. Correct

20. (1 point) This is the test question 20

- a. y
- b. x
- c. Correct