



Nº 318468

STUDENT NAME (Last Name, First Name) _____

FACULTY NAME (Last Name, First Name) _____

COURSE CODE: _____ **COURSE TITLE:** _____

EXAM DATE: (dd-mm-yyyy) _____ **PROGRAM & YEAR LEVEL** _____

ID NUMBER (Shade your ID Number)

1. Use pencil to fully shade the circle like this 
 2. Shade one (1) circle for every item.
 3. Avoid erasures.
 4. Keep the answer sheet clean.

1	A	B	C	D	21	A	B	C	D	41	A	B	C	D	61	A	B	C	D	81	A	B	C	D
2	A	B	C	D	22	A	B	C	D	42	A	B	C	D	62	A	B	C	D	82	A	B	C	D
3	A	B	C	D	23	A	B	C	D	43	A	B	C	D	63	A	B	C	D	83	A	B	C	D
4	A	B	C	D	24	A	B	C	D	44	A	B	C	D	64	A	B	C	D	84	A	B	C	D
5	A	B	C	D	25	A	B	C	D	45	A	B	C	D	65	A	B	C	D	85	A	B	C	D
6	A	B	C	D	26	A	B	C	D	46	A	B	C	D	66	A	B	C	D	86	A	B	C	D
7	A	B	C	D	27	A	B	C	D	47	A	B	C	D	67	A	B	C	D	87	A	B	C	D
8	A	B	C	D	28	A	B	C	D	48	A	B	C	D	68	A	B	C	D	88	A	B	C	D
9	A	B	C	D	29	A	B	C	D	49	A	B	C	D	69	A	B	C	D	89	A	B	C	D
10	A	B	C	D	30	A	B	C	D	50	A	B	C	D	70	A	B	C	D	90	A	B	C	D
11	A	B	C	D	31	A	B	C	D	51	A	B	C	D	71	A	B	C	D	91	A	B	C	D
12	A	B	C	D	32	A	B	C	D	52	A	B	C	D	72	A	B	C	D	92	A	B	C	D
13	A	B	C	D	33	A	B	C	D	53	A	B	C	D	73	A	B	C	D	93	A	B	C	D
14	A	B	C	D	34	A	B	C	D	54	A	B	C	D	74	A	B	C	D	94	A	B	C	D
15	A	B	C	D	35	A	B	C	D	55	A	B	C	D	75	A	B	C	D	95	A	B	C	D
16	A	B	C	D	36	A	B	C	D	56	A	B	C	D	76	A	B	C	D	96	A	B	C	D
17	A	B	C	D	37	A	B	C	D	57	A	B	C	D	77	A	B	C	D	97	A	B	C	D
18	A	B	C	D	38	A	B	C	D	58	A	B	C	D	78	A	B	C	D	98	A	B	C	D
19	A	B	C	D	39	A	B	C	D	59	A	B	C	D	79	A	B	C	D	99	A	B	C	D
20	A	B	C	D	40	A	B	C	D	60	A	B	C	D	80	A	B	C	D	100	A	B	C	D