

Exam title

Student name

Student group

Date

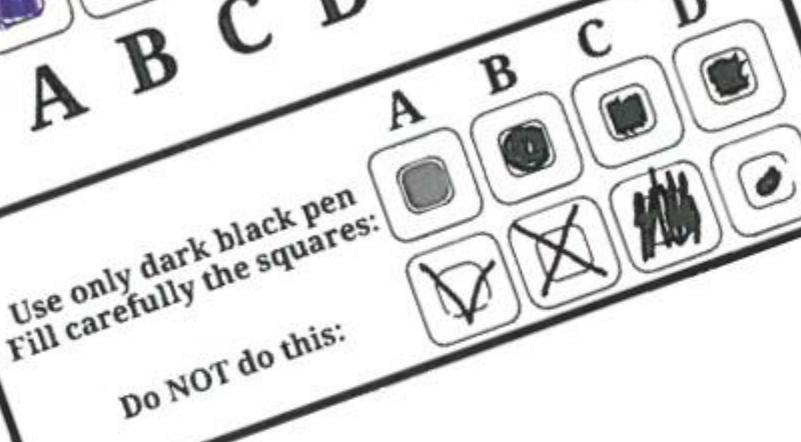
Exam key A B C D

1	A	B	C	D
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Student ID

1			
2			
3			
4			
5			
6			
7			
8			
9			
0			

Use only dark black pen.  
Fill carefully the squares.  
Do NOT do this:



To check an answer,  
fill the inner square.  
If you change your mind,  
to cancel your answer,  
fill the outer square.

A B C D

A B C D

**Exam title**

**Student name** \_\_\_\_\_

**Student group** \_\_\_\_\_

**Date**

**Student ID**

**Exam key**

1	A	B	C	D
2	B	C	D	A
3	C	D	A	B
4	D	A	B	C
5	A	B	C	D
6	B	C	D	A
7	C	D	A	B
8	D	A	B	C
9	A	B	C	D
10	B	C	D	A
11	C	D	A	B
12	D	A	B	C
13	A	B	C	D
14	B	C	D	A
15	C	D	A	B
16	D	A	B	C
17	A	B	C	D
18	B	C	D	A
19	C	D	A	B
20	D	A	B	C

**Answer Grid (Rows 21-50)**

To check an answer, fill the inner square.  
If you change your mind, fill the outer square.

Use only dark black pen.  
Fill carefully the squares.  
Do NOT do this:

A	B	C	D
■	■	X	■
X	■	■	■



**Student ID:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Exam title:** \_\_\_\_\_

**Student name:** \_\_\_\_\_

**Student group:** \_\_\_\_\_

**Exam key:**

A	B	C	D
A	B	C	D
A	B	C	D
A	B	C	D

**Answer Grid:**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	A	B	C	D	A	B	C	D	A	B
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

**Legend:**

- Do Not Do This: Fill carelessly.
- Use Only Dark Squares: Use only dark black pens.
- Check an Answer: To change your answer, fill the inner square.
- If You Change Your Answer: If you change your outer square, fill the outer square.

This image shows a blank answer sheet for a 50-question multiple-choice exam. The sheet is oriented diagonally.

**Student Information:**

- Student title: \_\_\_\_\_
- Student name: \_\_\_\_\_
- Student group: \_\_\_\_\_
- Date: \_\_\_\_\_
- Student ID: \_\_\_\_\_

**Exam Key:**

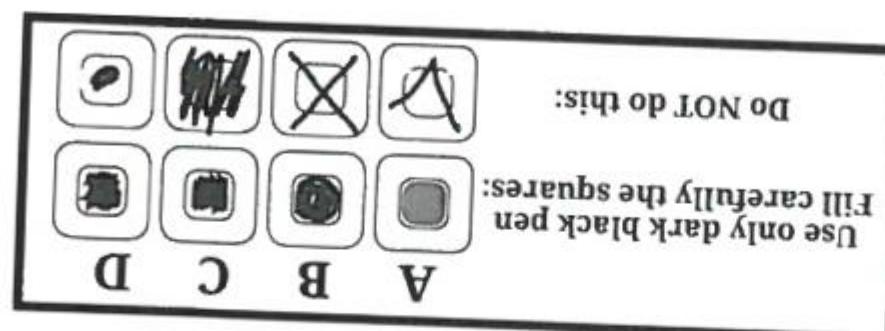
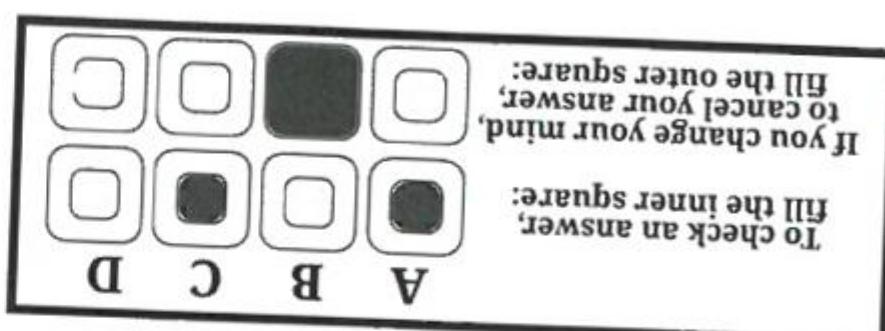
1	A	B	C	D
2	C	D	A	B
3	B	A	D	C
4	D	C	B	A
5	A	C	D	B
6	B	D	A	C
7	C	B	D	A
8	D	A	C	B
9	A	B	D	C
10	B	C	A	D
11	C	D	B	A
12	D	A	C	B
13	A	B	D	C
14	B	C	A	D
15	C	D	B	A
16	D	A	C	B
17	A	B	D	C
18	B	C	A	D
19	C	D	B	A
20	D	A	C	B

**Answer Grid:**

The grid consists of 5 columns labeled A, B, C, D and 50 rows labeled 1 through 50. Each row contains four squares for marking responses A, B, C, and D. Row 1 has a sample response: A (top), B (middle), C (bottom), D (far bottom). Row 20 has a sample response: C (top), D (middle), A (bottom), B (far bottom).

**Instructions:**

- Use only dark black pen.
- Fill carefully the squares.
- Do NOT do this:
- To check an answer:
- If you change your mind:
- To fill the inner square:
- To cancel your outer square:



	A	B	C	D
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	A	B	C	D
40				
39				
38				
37				
36				
35				
34				
33				
32				
31				

	A	B	C	D
20				■
19				■
18	■			■
17	■			■
16				■
15	■			
14		■		
13			■	
12	■			
11	■		■	

A 5x4 grid of 20 empty square outlines, labeled 21 through 30 on the right side.

				10
				9
				8
				7
				6
				5
				4
				3
				2
				1

Exam key

Student group

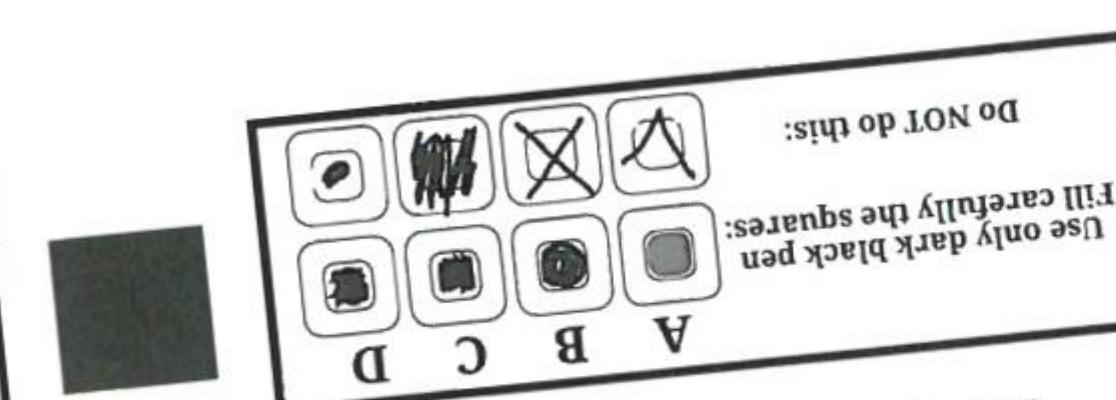
**Student name**

10

Exam  
title



A	B	C	D
20			
19			
18			
17			
16			
15			
14			
13			
12			
11			
10			
9			
8			
7			
6			
5			
4			
3			
2			
1			



A	B	C	D
40			
39			
38			
37			
36			
35			
34			
33			
32			
31			
30			
29			
28			
27			
26			
25			
24			
23			
22			

Student ID

0	1	2	3	4	5	6	7	8	9	0
_____										

Date


Exam key

A	B	C	D

Student  
name

Exam  
title

Student  
group

This image shows a blank answer sheet for a multiple-choice examination. The sheet is oriented diagonally. At the top right, there is a large rectangular area for marking responses, divided into four quadrants labeled A, B, C, and D. To the left of this area, there is a legend with four colored squares (black, red, green, blue) and their corresponding letters A, B, C, and D. Below the legend, there is a set of instructions: "To check an answer, fill in the inner square of your answer choice. To change your mind, fill in another inner square. Do NOT do this. Use only dark blue ink. Fill carefully the black squares." On the far left, there is a section for "Student ID" with a box for a 10-digit ID number. To the right of the ID box are boxes for "Date" and "Exam Key". Further down the page, there are boxes for "Student Name" and "Student Group". The main body of the sheet consists of a grid of 50 questions, numbered 1 through 50. Each question has four options labeled A, B, C, and D, each with its own small square for marking. The questions are arranged in five rows of ten, with the first row starting at question 1 and the last row ending at question 50.

Exam  
title  
Student  
name  
Student  
group

Exam key  
A  
B  
C  
D

Date

Student ID

1 A  
2 B  
3 C  
4 D  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21 A  
22 B  
23 C  
24 D  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50

Use only dark black pen  
Fill carefully the black square.  
Do NOT do this:  
  
  
  


To check  
fill the inner square  
If you  
to change answer  
fill the outer square  
in your mind  
square.

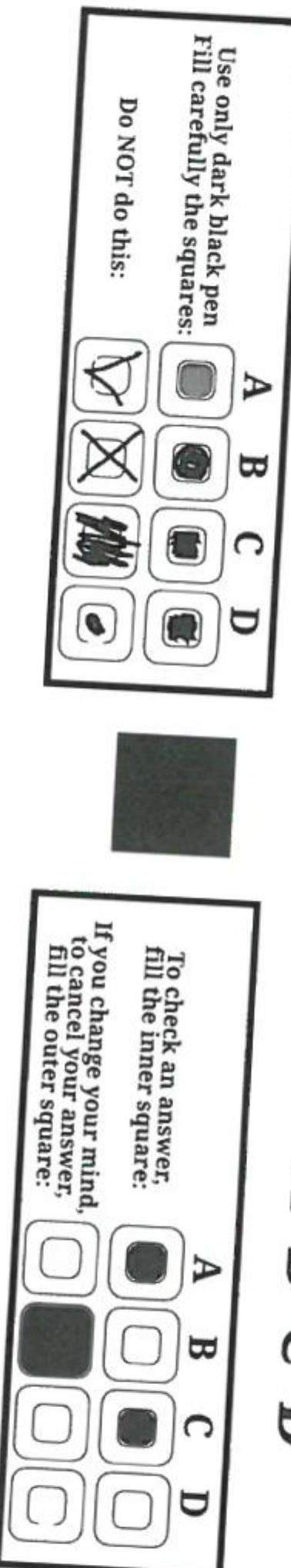
Exam  
title

Student  
name

Student group

10

A photograph of a 4x10 grid of 40 numbered wells (1-40) and four columns labeled A, B, C, D. Wells 1, 5, 9, 13, 17, 21, 25, 29, 33, 37, 41, 45, 49, and 50 contain blue-stained samples. The columns are labeled A through D at the top, and the wells are numbered 1 through 40 along the bottom edge.



Exam  
title

Student  
name

Student  
group

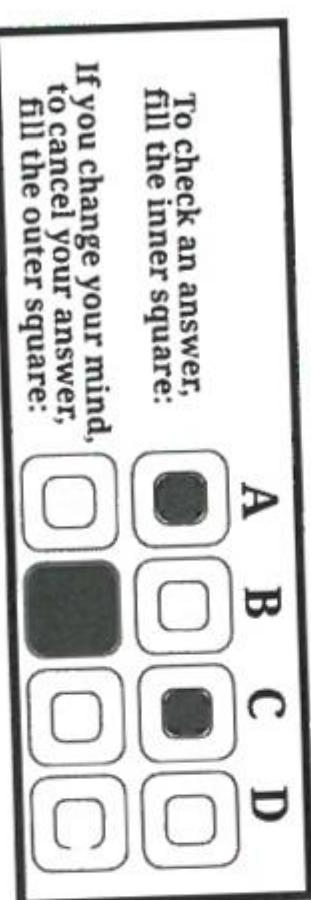
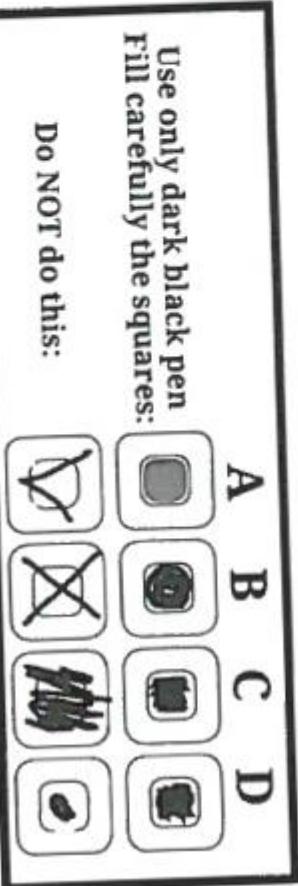
Date

Exam key	A	B	C	D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Student ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<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"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A	B	C	D
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"/>
0	<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"/>
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	D
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Exam title** \_\_\_\_\_

**Student name** \_\_\_\_\_

**Student group** \_\_\_\_\_

**Date** \_\_\_\_\_

**Student ID** \_\_\_\_\_

**Exam key**

1	A	B	C	D
2	A	B	C	D
3	A	B	C	D
4	A	B	C	D
5	A	B	C	D
6	A	B	C	D
7	A	B	C	D
8	A	B	C	D
9	A	B	C	D
10	A	B	C	D
11	A	B	C	D
12	A	B	C	D
13	A	B	C	D
14	A	B	C	D
15	A	B	C	D
16	A	B	C	D
17	A	B	C	D
18	A	B	C	D
19	A	B	C	D
20	A	B	C	D
21	A	B	C	D
22	A	B	C	D
23	A	B	C	D
24	A	B	C	D
25	A	B	C	D
26	A	B	C	D
27	A	B	C	D
28	A	B	C	D
29	A	B	C	D
30	A	B	C	D
31	A	B	C	D
32	A	B	C	D
33	A	B	C	D
34	A	B	C	D
35	A	B	C	D
36	A	B	C	D
37	A	B	C	D
38	A	B	C	D
39	A	B	C	D
40	A	B	C	D
41	A	B	C	D
42	A	B	C	D
43	A	B	C	D
44	A	B	C	D
45	A	B	C	D
46	A	B	C	D
47	A	B	C	D
48	A	B	C	D
49	A	B	C	D
50	A	B	C	D

**Legend:**

- Use only dark black pen.
- Fill carefully the squares.
- Do NOT do this:

To check an answer, fill the inner square.  
If you change your mind, fill the outer square.  
If you cancel your answer, fill the outer square.

This image shows a scanned optical exam answer sheet. The sheet features a grid of numbered questions from 1 to 50, each with four options (A, B, C, D) and a corresponding set of four squares for marking. Handwritten blue ink has been used to fill in the squares. A legend in the bottom-left corner illustrates the marking system: a solid black square indicates a correct answer, while a smaller square inside a larger square indicates a change or cancellation. The top right of the page contains fields for student information: Exam title, Student name, Student group, Date, and Student ID, all of which are left blank.

1 A B C D  
2 A B C D  
3 A B C D  
4 A B C D  
5 A B C D  
6 A B C D  
7 A B C D  
8 A B C D  
9 A B C D  
10 A B C D  
11 A B C D  
12 A B C D  
13 A B C D  
14 A B C D  
15 A B C D  
16 A B C D  
17 A B C D  
18 A B C D  
19 A B C D  
20 A B C D  
21 A B C D  
22 A B C D  
23 A B C D  
24 A B C D  
25 A B C D  
26 A B C D  
27 A B C D  
28 A B C D  
29 A B C D  
30 A B C D  
31 A B C D  
32 A B C D  
33 A B C D  
34 A B C D  
35 A B C D  
36 A B C D  
37 A B C D  
38 A B C D  
39 A B C D  
40 A B C D  
41 A B C D  
42 A B C D  
43 A B C D  
44 A B C D  
45 A B C D  
46 A B C D  
47 A B C D  
48 A B C D  
49 A B C D  
50 A B C D

Use only dark black pen.  
Fill carefully the squares:  
Do NOT do this:

To check an answer,  
fill the inner square.  
If you change your mind,  
to cancel your answer,  
fill the outer square.

Exam  
title

Student  
name

Student  
group

Date

Exam key

A B C D

Student ID

A B C D

A B C D

A B C D

A B C D

A B C D

A B C D

A B C D

A B C D

A B C D

A B C D

A B C D

A B C D

A B C D

A B C D

A B C D

A B C D

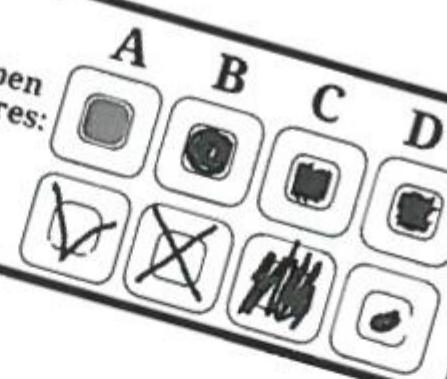
A B C D

A B C D

Use only dark black pen.

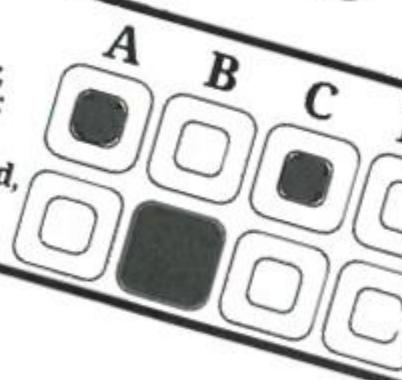
Fill carefully the squares:

Do NOT do this:



To check an answer,  
fill the inner square:

If you change your mind,  
to cancel your answer,  
fill the outer square:



Exam title			
Student name			
Student group			
Exam key A B C D			
Date _____			
Student ID			
1	2	3	4
A	B	C	D
5	6	7	8
A	B	C	D
9	10	11	12
A	B	C	D
13	14	15	16
A	B	C	D
17	18	19	20
A	B	C	D
21	22	23	24
A	B	C	D
25	26	27	28
A	B	C	D
29	30	31	32
A	B	C	D
33	34	35	36
A	B	C	D
37	38	39	40
A	B	C	D
41	42	43	44
A	B	C	D
45	46	47	48
A	B	C	D
49	50		
A	B	C	D

Use only dark black pen:  
Fill carefully the squares:  
Do NOT do this:

To check an answer:  
fill the inner square.  
If you change your mind,  
to cancel your answer,  
fill the outer square.

Exam title

Student name

Student group

Date

Exam key

A B C D

	A	B	C	D
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	A	B	C	D
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Student ID			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<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"/>
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41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A B C D

Use only dark black pen  
Fill carefully the squares:



Do NOT do this:



To check an answer,  
fill the inner square:



If you change your mind,  
to cancel your answer,  
fill the outer square:



Exam  
title

Student  
name

.....

Student  
group

Date

Exam key	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A    B    C    D

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2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Student ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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A    B    C    D    A    B    C    D

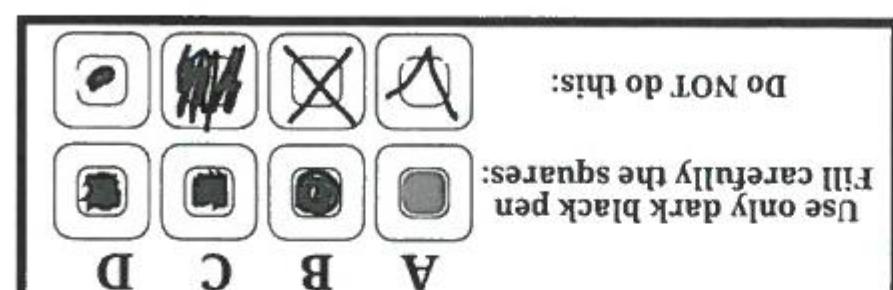
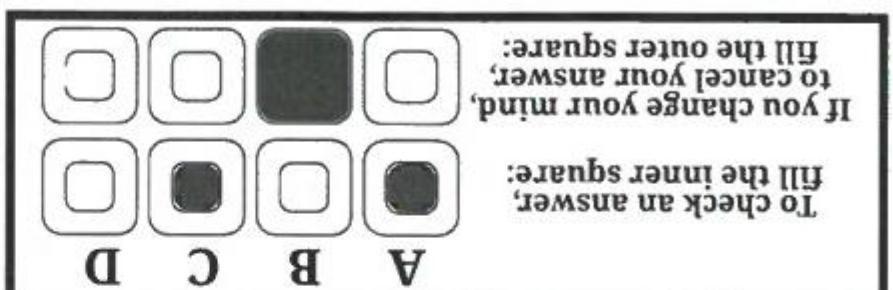
A	B	C	D
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use only dark black pen.  
Fill carefully the squares:  
Do NOT do this:



To check an answer,  
fill the inner square:  
If you change your mind,  
to cancel your answer,  
fill the outer square:

A	B	C	D
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**Student ID**

**A B C D**

Figure 1. The relationship between the number of days of hospitalization and the number of days of hospitalization for all patients.

Date

Student group

Figure 1. A typical example of a signal recorded by the microphones.

Date

**Student name**

**ANSWER** The answer is 1000.

title  
LXAM

Exam  
title

Student  
name

Student  
group

Exam key

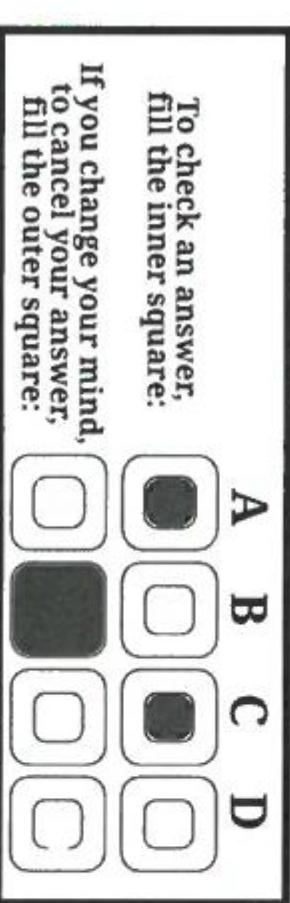
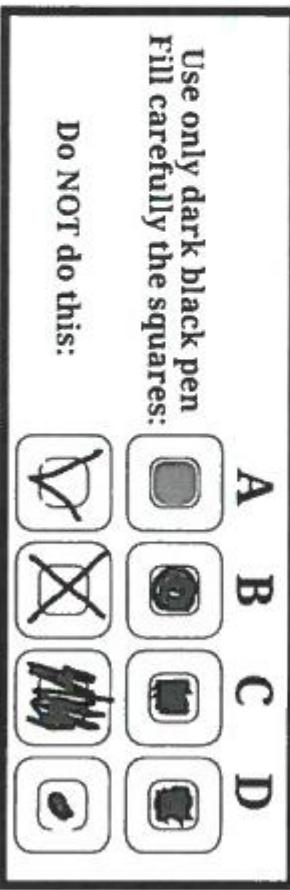
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Date

Student ID


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



**Exam title**

**Student name**

**Student group**

 **Date** 

**Exam key**



	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
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10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
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22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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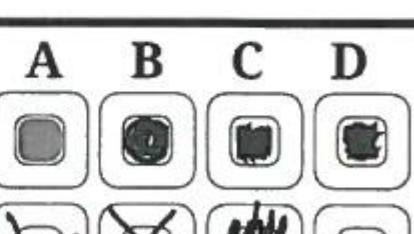
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**A    B    C    D**

**A    B    C    D**

**A    B    C    D**

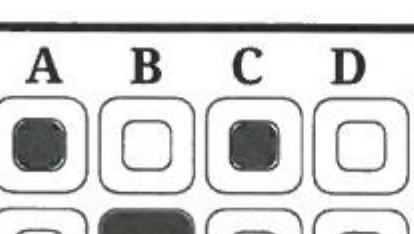
Use only dark black pen  
Fill carefully the squares:



Do NOT do this:



To check an answer,  
fill the inner square:



If you change your mind,  
to cancel your answer,  
fill the outer square:

**Exam title**

**Student name**



**Student group**

**Date**

**Exam key**



	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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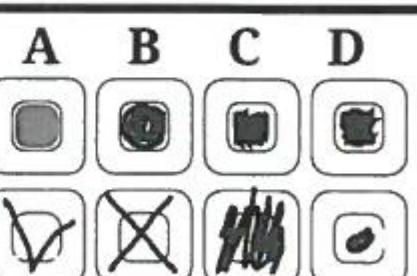
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**A B C D**

41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**A B C D**

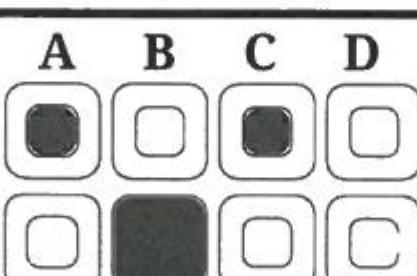
Use only dark black pen  
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