

**Invigilator only:**  
**Phần dành cho giám khảo:**  
 시험 감독관에게만 해당:

**Candidate absent (insert ✕ if applicable)**  
**Thí sinh vắng mặt (đánh dấu (✕) nếu có thể)**  
 결석한 응시자 (해당된다면 ✕ 를 기입하십시오)

1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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"/>
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**결석한 응시자 (해당된다면 ✕ 를 기입하십시오)**

1	A	B	✕	D
2	✕	B	C	D
3	✕	B	C	D
4	A	✕	C	D
5	A	B	C	✕
6	A	B	✕	✕
7	A	B	✕	D
8	A	B	C	✕
9	A	B	✕	D
10	A	✕	C	D
11	A	B	C	✕
12	A	B	C	✕
13	A	B	✕	D
14	A	B	✕	D

15	A	✕	C	D
16	A	B	C	✕
17	A	✕	C	D
18	A	B	C	✕
19	A	B	✕	D
20	A	B	C	✕
21	A	B	C	✕
22	A	B	✕	D
23	✕	B	C	D
24	A	B	✕	D
25	A	B	C	✕
26	✕	B	C	D
27	✕	B	C	D
28	✕	B	C	D

29	A	✕	C	D
30	A	B	✕	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



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1	A	<del>X</del>	C	D
2	A	B	<del>X</del>	D
3	<del>X</del>	B	C	D
4	<del>X</del>	B	C	D
5	A	B	<del>X</del>	D
6	A	<del>X</del>	C	D
7	A	B	C	<del>X</del>
8	<del>X</del>	B	C	D
9	A	B	<del>X</del>	D
10	A	<del>X</del>	C	<del>X</del>
11	A	B	C	<del>X</del>
12	<del>X</del>	B	C	D
13	A	<del>X</del>	C	D
14	A	B	<del>X</del>	D

15	A	B	C	<del>X</del>
16	A	<del>X</del>	C	D
17	A	B	<del>X</del>	D
18	A	<del>X</del>	C	D
19	<del>X</del>	B	C	D
20	A	<del>X</del>	C	D
21	A	<del>X</del>	C	D
22	<del>X</del>	B	C	D
23	A	B	<del>X</del>	D
24	<del>X</del>	B	C	D
25	A	B	<del>X</del>	D
26	<del>X</del>	B	C	D
27	A	B	<del>X</del>	D
28	<del>X</del>	B	C	D

29	<del>X</del>	B	C	D
30	A	<del>X</del>	C	<del>X</del>
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

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1	A	B	✕	D
2	A	B	✕	D
3	✕	B	C	D
4	✕	B	C	D
5	A	B	✕	D
6	✕	B	✕	D
7	A	B	C	✕
8	A	B	C	✕
9	A	B	C	✕
10	A	B	C	✕
11	A	B	C	✕
12	A	B	✕	D
13	A	B	✕	D
14	✕	B	C	D

15	A	✕	C	D
16	A	B	C	✕
17	A	B	✕	D
18	A	B	C	✕
19	A	B	C	✕
20	A	✕	C	D
21	A	B	C	✕
22	A	✕	C	D
23	A	B	C	✕
24	A	B	✕	D
25	A	✕	C	D
26	A	B	✕	D
27	✕	B	C	✕
28	A	B	C	✕

29	A	✕	C	D
30	A	B	C	✕
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
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39	A	B	C	D
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C 1	A	<del>✕</del>	<del>✕</del>	D	15	<del>✕</del>	B	C	D	29	A	B	C	<del>✕</del>
2	<del>✕</del>	B	C	D	A 16	<del>✕</del>	B	<del>✕</del>	D	30	A	B	<del>✕</del>	D
3	<del>✕</del>	B	C	D	17	A	B	C	<del>✕</del>	31	A	B	C	D
4	A	<del>✕</del>	C	D	18	<del>✕</del>	B	C	D	32	A	B	C	D
5	A	<del>✕</del>	C	D	19	A	B	C	<del>✕</del>	33	A	B	C	D
6	A	B	C	<del>✕</del>	20	A	B	C	<del>✕</del>	34	A	B	C	D
7	A	<del>✕</del>	C	D	21	A	<del>✕</del>	C	D	35	A	B	C	D
8	A	B	<del>✕</del>	D	22	A	<del>✕</del>	C	D	36	A	B	C	D
9	A	B	<del>✕</del>	D	23	A	B	C	<del>✕</del>	37	A	B	C	D
B 10	A	<del>✕</del>	C	<del>✕</del>	24	<del>✕</del>	B	C	D	38	A	B	C	D
11	A	B	C	<del>✕</del>	25	A	<del>✕</del>	C	D	39	A	B	C	D
C 12	A	<del>✕</del>	<del>✕</del>	D	26	A	B	<del>✕</del>	D	40	A	B	C	D
13	A	<del>✕</del>	C	D	27	A	B	C	<del>✕</del>					
14	A	B	<del>✕</del>	D	28	A	B	<del>✕</del>	<del>✕</del>					

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2	✕	✕	C	D
3	A	B	✕	D
4	A	✕	C	D
5	A	B	C	D
6	A	✕	C	D
7	A	B	✕	D
8	A	B	C	✕
9	A	B	✕	D
10	A	B	C	✕
11	A	B	✕	D
12	A	✕	✕	D
13	✕	B	C	D
14	A	B	✕	D

15	A	B	✕	D
16	A	B	C	✕
17	A	✕	C	D
18	A	B	C	✕
19	✕	B	C	D
20	A	✕	C	D
21	A	B	C	✕
22	A	B	✕	D
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25	A	✕	C	D
26	A	B	✕	D
27	A	B	C	✕
28	✕	B	C	D

29	A	✕	C	D
30	A	B	C	✕
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



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1	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	15	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	29	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D
2	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	16	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	30	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	17	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	31	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
4	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	18	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	32	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
5	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	19	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	33	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
6	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	20	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	34	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
7	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	21	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	35	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	22	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	36	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
9	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	23	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	37	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
10	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	24	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	38	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
11	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	25	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	39	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
12	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	26	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	40	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
13	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	27	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D					
14	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	28	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D					

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1	A	<del>B</del>	C	<del>D</del>
2	<del>A</del>	B	C	D
3	A	<del>B</del>	C	D
4	<del>A</del>	B	C	D
5	A	B	<del>C</del>	D
6	A	B	C	<del>D</del>
7	A	B	C	<del>D</del>
8	A	B	C	<del>D</del>
9	<del>A</del>	B	C	D
10	A	B	<del>C</del>	D
11	<del>A</del>	B	C	D
12	A	<del>B</del>	C	D
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14	<del>A</del>	B	C	D

15	A	B	<del>C</del>	D
16	A	B	C	<del>D</del>
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22	A	B	<del>C</del>	D
23	<del>A</del>	B	C	D
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25	A	<del>B</del>	C	D
26	A	B	C	<del>D</del>
27	<del>A</del>	B	C	D
28	A	<del>B</del>	C	D

29	A	<del>B</del>	C	D
30	A	<del>B</del>	C	D
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36	A	B	C	D
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38	A	B	C	D
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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