ExamView Assessment Suite

Form ei50AE

Student Name: _____

Assignment: _____

Period: _____ **Date:** _____

Test Version

A ◯
B ◯
C ◯
D ◯

Student ID Number

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

Marking Instructions

- Use a No. 2 pencil (do not use pen)
- Fill the circles in completely
- Erase completely to change your answer
- Make no stray marks

Example

A ◯ B ● C ◯ D ◯ E ◯

Score

	A	B	C	D	E
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	◯	◯	◯	◯	◯

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