



## Exam Answer Sheet

- Please follow directions on exam questions sheet
- Fill in circles completely
- To make changes, erase marks completely

Student ID:

Teacher ID:

- 1) (A) (B) (C) (D) (E)
- 2) (A) (B) (C) (D) (E)
- 3) (A) (B) (C) (D) (E)
- 4) (A) (B) (C) (D) (E)
- 5) (A) (B) (C) (D) (E)
- 6) (A) (B) (C) (D) (E)
- 7) (A) (B) (C) (D) (E)
- 8) (A) (B) (C) (D) (E)
- 9) (A) (B) (C) (D) (E)
- 10) (A) (B) (C) (D) (E)

\_\_\_\_\_

\_\_\_\_\_

- (0) (0) (0) (0)
- (1) (1) (1) (1)
- (2) (2) (2) (2)
- (3) (3) (3) (3)
- (4) (4) (4) (4)
- (5) (5) (5) (5)
- (6) (6) (6) (6)
- (7) (7) (7) (7)
- (8) (8) (8) (8)
- (9) (9) (9) (9)

- (0) (0) (0) (0)
- (1) (1) (1) (1)
- (2) (2) (2) (2)
- (3) (3) (3) (3)
- (4) (4) (4) (4)
- (5) (5) (5) (5)
- (6) (6) (6) (6)
- (7) (7) (7) (7)
- (8) (8) (8) (8)
- (9) (9) (9) (9)



This form is a sample form for use with **Remark Office OMR®**.

For more info visit: [www.gravic.com/remark](http://www.gravic.com/remark)

Copyright © 2007, Gravic, Inc. This form has been provided as an example only. You are free to modify this form for your usage. Gravic makes no express or implied warranty that this document will be fit for a particular purpose.