

Print Name: \_\_\_\_\_

Tutor Sec. No: \_\_\_\_\_

This test consists of 10 multiple choice questions. Each question is worth 10 points.

**This page is all you turn in**

The answers are to be entered below by marking X over your choice. If you change your mind, erase or block out your original choice, and mark an X over your new choice.

- |                               |                            |                            |                            |                            |                                |                            |                            |                            |                            |
|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E | 6. <input type="checkbox"/> A  | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 2. <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E | 7. <input type="checkbox"/> A  | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 3. <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E | 8. <input type="checkbox"/> A  | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 4. <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E | 9. <input type="checkbox"/> A  | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 5. <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E | 10. <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |

Number wrong

On my honor, I have neither given nor received unauthorized aid on this examination and I have not used a calculator.

(Signature)