

Chemistry

Student number

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | A |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | E |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | F |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | G |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | J |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | L |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | R |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | T |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | W |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | X |

Student name

SAMPLE

If your name and number are correct sign below. If they are incorrect tell the supervisor.

Signature



Use a pencil for all entries

All answers must be completed like this example:

A B C D

- If you make a mistake, **erase** the incorrect answer – **do not** cross it out.
- Marks will **not** be deducted for incorrect answers.
- No mark will be given if more than one answer is completed for any question.

Supervisor only

Shade the **box** below if the student was absent from the examination.

Absent

Supervisor's initials

.....

OFFICE USE ONLY

For each question, **shade** the box that indicates your answer.

| | | | | | | | | | | | | | | |
|----|----------------------------|----------------------------|----------------------------|----------------------------|----|----------------------------|----------------------------|----------------------------|----------------------------|----|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | 11 | <input type="checkbox"/> A | <input 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 type="checkbox"/> D |
| 2 | <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 type="checkbox"/> D | 22 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D |
| 3 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | 13 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | 23 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D |
| 4 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | 14 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | 24 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D |
| 5 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | 15 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | 25 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D |
| 6 | <input type="checkbox"/> A | <input 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 type="checkbox"/> D | 26 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D |
| 7 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | 17 | <input 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 type="checkbox"/> D |
| 8 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | 18 | <input 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 type="checkbox"/> C | <input type="checkbox"/> D |
| 9 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | 19 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | 29 | <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 type="checkbox"/> C | <input type="checkbox"/> D | 20 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | 30 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D |