



VCE CHEMISTRY 2005

Written Examination 1

ANSWER SHEET

STUDENT NAME:

Mary Student

STUDENT NUMBER

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

INSTRUCTIONS:



SIGN HERE IF YOUR NAME AND NUMBER ARE PRINTED CORRECTLY.

SIGNATURE: _____

If your name or number on this sheet is incorrect, notify the Supervisor.

Use a **PENCIL** for **ALL** entries. For each question, shade the box which indicates your answer.

All answers must be completed like **THIS** example:

Marks will **NOT** be deducted for incorrect answers.



NO MARK will be given if more than **ONE** answer is completed for any question.

If you make a mistake, **ERASE** the incorrect answer – **DO NOT** cross it out.

SUPERVISOR USE ONLY



Shade the "**ABSENT**" box if the student was absent from the examination.

ABSENT

SUPERVISOR'S INITIALS

	ONE ANSWER PER LINE		ONE ANSWER PER LINE
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
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
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
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
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
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
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
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
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
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

Please **DO NOT** fold, bend or staple this form.