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Front of Room

| Exam:            | Exam: | Exam: | Exam: | Exam: | Exam: | Exam: |
|------------------|-------|-------|-------|-------|-------|-------|
| Row 1            | Row 2 | Row 3 | Row 4 | Row 5 | Row 6 | Row 7 |
|                  | 1     | 1     | 1     | 1     | 1     | 1     |
|                  |       | 3     | 1     | 3     | 1     | 3     |
| 2                | 2     | 2     | 2     | 2     | 2     | 2     |
|                  | 2     | 4     | 2     | 4     | 2     | 4     |
| 3                | 3     | 3     | 3     | 3     | 3     | 3     |
|                  | 3     | 1     | 3     | 1     | 3     | 1     |
| 4                | 4     | 4     | 4     | 4     | 4     | 4     |
|                  | 4     | 2     | 4     | 2     | 4     | 2     |
| 5                | 5     | 5     | 5     | 5     | 5     | 5     |
|                  | 1     | 3     | 1     | 3     | 1     | 3     |
| 6                | 6     | 6     | 6     | 6     | 6     | 6     |
|                  | 2     | 4     | 2     | 4     | 2     | 4     |
| 7                | 7     | 7     | 7     | 7     | 7     | 7     |
|                  | 3     | 1     | 3     | 1     | 3     | 1     |
| 8                | 8     | 8     | 8     | 8     | 8     | 8     |
|                  | 4     | 2     | 4     | 2     | 4     | 2     |
| 9                | 9     | 9     | 9     | 9     | 9     | 9     |
|                  | 1     | 3     | 1     | 3     | 1     | 3     |
| 10               | 10    | 10    | 10    | 10    | 10    | 10    |
|                  | 2     | 4     | 2     | 4     | 2     | 4     |
| Special<br>Needs |       | 11    | 11    | 11    | 11    | 11    |
|                  |       |       | 3     | 1     | 3     | 1     |
|                  |       | 12    | 12    | 12    | 12    | 12    |
|                  |       |       | 4     | 2     | 4     | 2     |

**STUDENTS**

Please write **signature** and student **number**  
in the appropriate seating position box.