

OMSL AGSARK HEMTEN TAMEN

C O VER SHEET HOME E XAMIN ATION

Kurs/Course Delkurs/Sub-course

Sista inlämningsdag/Deadline / 20 Tid/Time

Personnr/Personal ID No. (YYMMDD) Program/Programm

Namn/Name (textat/in block letters)

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| Markera lösta uppgifter med kryss/Mark solved questions with an X. | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
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Antal inlämnade blad/ Number of sheets handed in.

För lärarens anteckningar/Teacher’s notes

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| Summa poäng/Total points |  |
| Betyg/Mark |  |