

Completely darken bubbles with a No. 2 pencil. If you make a mistake, be sure to erase mark completely. Erase all stray marks.

1. YOUR NAME: (Print)	Last	First	M.I.
SIGNATURE:	DATE: / /		
HOME ADDRESS: (Print)	Number and Street		
	City	State	Zip Code
PHONE NO.: (Print)			

IMPORTANT: Please fill in these boxes exactly as shown on the back cover of your test book.

2. TEST FORM

6. DATE OF BIRTH

Month	Day	Year
JAN	0	0
FEB	1	1
MAR	2	2
APR	3	3
MAY	4	4
JUN	5	5
JUL	6	6
AUG	7	7
SEP	8	8
OCT	9	9
NOV		
DEC		

3. TEST CODE

4. REGISTRATION NUMBER

0	A	J	0	0	0	0	0	0	0	0
1	B	K	1	1	1	1	1	1	1	1
2	C	L	2	2	2	2	2	2	2	2
3	D	M	3	3	3	3	3	3	3	3
4	E	N	4	4	4	4	4	4	4	4
5	F	O	5	5	5	5	5	5	5	5
6	G	P	6	6	6	6	6	6	6	6
7	H	Q	7	7	7	7	7	7	7	7
8	I	R	8	8	8	8	8	8	8	8
9			9	9	9	9	9	9	9	9

7. SEX

MALE
FEMALE



5. YOUR NAME

First 4 letters of last name				FIRST INIT	MID INIT
A	A	A	A	A	A
B	B	B	B	B	B
C	C	C	C	C	C
D	D	D	D	D	D
E	E	E	E	E	E
F	F	F	F	F	F
G	G	G	G	G	G
H	H	H	H	H	H
I	I	I	I	I	I
J	J	J	J	J	J
K	K	K	K	K	K
L	L	L	L	L	L
M	M	M	M	M	M
N	N	N	N	N	N
O	O	O	O	O	O
P	P	P	P	P	P
Q	Q	Q	Q	Q	Q
R	R	R	R	R	R
S	S	S	S	S	S
T	T	T	T	T	T
U	U	U	U	U	U
V	V	V	V	V	V
W	W	W	W	W	W
X	X	X	X	X	X
Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z

Form A

Start with number 1 for each new section.

If a section has fewer questions than answer spaces, leave the extra answer spaces blank.

1. (A) (B) (C) (D) (E)
2. (A) (B) (C) (D) (E)
3. (A) (B) (C) (D) (E)
4. (A) (B) (C) (D) (E)
5. (A) (B) (C) (D) (E)
6. (A) (B) (C) (D) (E)
7. (A) (B) (C) (D) (E)
8. (A) (B) (C) (D) (E)
9. (A) (B) (C) (D) (E)
10. (A) (B) (C) (D) (E)
11. (A) (B) (C) (D) (E)
12. (A) (B) (C) (D) (E)
13. (A) (B) (C) (D) (E)
14. (A) (B) (C) (D) (E)
15. (A) (B) (C) (D) (E)
16. (A) (B) (C) (D) (E)
17. (A) (B) (C) (D) (E)
18. (A) (B) (C) (D) (E)
19. (A) (B) (C) (D) (E)
20. (A) (B) (C) (D) (E)
21. (A) (B) (C) (D) (E)
22. (A) (B) (C) (D) (E)
23. (A) (B) (C) (D) (E)
24. (A) (B) (C) (D) (E)
25. (A) (B) (C) (D) (E)
26. (A) (B) (C) (D) (E)
27. (A) (B) (C) (D) (E)
28. (A) (B) (C) (D) (E)
29. (A) (B) (C) (D) (E)
30. (A) (B) (C) (D) (E)
31. (A) (B) (C) (D) (E)
32. (A) (B) (C) (D) (E)
33. (A) (B) (C) (D) (E)
34. (A) (B) (C) (D) (E)
35. (A) (B) (C) (D) (E)
36. (A) (B) (C) (D) (E)
37. (A) (B) (C) (D) (E)
38. (A) (B) (C) (D) (E)
39. (A) (B) (C) (D) (E)
40. (A) (B) (C) (D) (E)
41. (A) (B) (C) (D) (E)
42. (A) (B) (C) (D) (E)
43. (A) (B) (C) (D) (E)
44. (A) (B) (C) (D) (E)
45. (A) (B) (C) (D) (E)
46. (A) (B) (C) (D) (E)
47. (A) (B) (C) (D) (E)
48. (A) (B) (C) (D) (E)
49. (A) (B) (C) (D) (E)
50. (A) (B) (C) (D) (E)

Completely darken bubbles with a No. 2 pencil. If you make a mistake, be sure to erase mark completely. Erase all stray marks.

1. YOUR NAME: _____		
(Print)	Last	First
M.I.		
SIGNATURE: _____ DATE: / /		
HOME ADDRESS: _____		
(Print)	Number and Street	
City		State
Zip Code		
PHONE NO.: _____		
(Print)		

IMPORTANT: Please fill in these boxes exactly as shown on the back cover of your test book.

2. TEST FORM		

6. DATE OF BIRTH		
Month	Day	Year
<input type="radio"/> JAN		
<input type="radio"/> FEB	0	0
<input type="radio"/> MAR	1	1
<input type="radio"/> APR	2	2
<input type="radio"/> MAY	3	3
<input type="radio"/> JUN	4	4
<input type="radio"/> JUL	5	5
<input type="radio"/> AUG	6	6
<input type="radio"/> SEP	7	7
<input type="radio"/> OCT	8	8
<input type="radio"/> NOV	9	9
<input type="radio"/> DEC		

3. TEST CODE			4. REGISTRATION NUMBER		

0	A	J	0	0	0	0	0	0	0	0
1	B	K	1	1	1	1	1	1	1	1
2	C	L	2	2	2	2	2	2	2	2
3	D	M	3	3	3	3	3	3	3	3
4	E	N	4	4	4	4	4	4	4	4
5	F	O	5	5	5	5	5	5	5	5
6	G	P	6	6	6	6	6	6	6	6
7	H	Q	7	7	7	7	7	7	7	7
8	I	R	8	8	8	8	8	8	8	8
9			9	9	9	9	9	9	9	9

7. SEX	
<input type="radio"/> MALE	<input type="radio"/> FEMALE



5. YOUR NAME			
First 4 letters of last name			FIRST INIT
			MID INIT
(A)	(A)	(A)	(A)
(B)	(B)	(B)	(B)
(C)	(C)	(C)	(C)
(D)	(D)	(D)	(D)
(E)	(E)	(E)	(E)
(F)	(F)	(F)	(F)
(G)	(G)	(G)	(G)
(H)	(H)	(H)	(H)
(I)	(I)	(I)	(I)
(J)	(J)	(J)	(J)
(K)	(K)	(K)	(K)
(L)	(L)	(L)	(L)
(M)	(M)	(M)	(M)
(N)	(N)	(N)	(N)
(O)	(O)	(O)	(O)
(P)	(P)	(P)	(P)
(Q)	(Q)	(Q)	(Q)
(R)	(R)	(R)	(R)
(S)	(S)	(S)	(S)
(T)	(T)	(T)	(T)
(U)	(U)	(U)	(U)
(V)	(V)	(V)	(V)
(W)	(W)	(W)	(W)
(X)	(X)	(X)	(X)
(Y)	(Y)	(Y)	(Y)
(Z)	(Z)	(Z)	(Z)

Form B

Start with number 1 for each new section.

If a section has fewer questions than answer spaces, leave the extra answer spaces blank.

1. A B C D E
2. A B C D E
3. A B C D E
4. A B C D E
5. A B C D E
6. A B C D E
7. A B C D E
8. A B C D E
9. A B C D E
10. A B C D E
11. A B C D E
12. A B C D E
13. A B C D E
14. A B C D E
15. A B C D E
16. A B C D E
17. A B C D E
18. A B C D E
19. A B C D E
20. A B C D E
21. A B C D E
22. A B C D E
23. A B C D E
24. A B C D E
25. A B C D E
26. A B C D E
27. A B C D E
28. A B C D E
29. A B C D E
30. A B C D E

31. A B C D E
32. A B C D E
33. A B C D E
34. A B C D E
35. A B C D E
36. A B C D E
37. A B C D E
38. A B C D E
39. A B C D E
40. A B C D E
41. A B C D E
42. A B C D E
43. A B C D E
44. A B C D E
45. A B C D E
46. A B C D E
47. A B C D E
48. A B C D E
49. A B C D E
50. A B C D E

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1. YOUR NAME: (Print)			Last	First	M.I.
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Month	Day	Year
JAN		
FEB	0	0
MAR	1	1
APR	2	2
MAY	3	3
JUN	4	4
JUL	5	5
AUG	6	6
SEP	7	7
OCT	8	8
NOV	9	9
DEC		

3. TEST CODE			4. REGISTRATION NUMBER						
0	A	J	0	0	0	0	0	0	0
1	B	K	1	1	1	1	1	1	1
2	C	L	2	2	2	2	2	2	2
3	D	M	3	3	3	3	3	3	3
4	E	N	4	4	4	4	4	4	4
5	F	O	5	5	5	5	5	5	5
6	G	P	6	6	6	6	6	6	6
7	H	Q	7	7	7	7	7	7	7
8	I	R	8	8	8	8	8	8	8
9			9	9	9	9	9	9	9

7. SEX

MALE
FEMALE



5. YOUR NAME

First 4 letters of last name				LAST INIT	FIRST INIT
A	A	A	A	A	A
B	B	B	B	B	B
C	C	C	C	C	C
D	D	D	D	D	D
E	E	E	E	E	E
F	F	F	F	F	F
G	G	G	G	G	G
H	H	H	H	H	H
I	I	I	I	I	I
J	J	J	J	J	J
K	K	K	K	K	K
L	L	L	L	L	L
M	M	M	M	M	M
N	N	N	N	N	N
O	O	O	O	O	O
P	P	P	P	P	P
Q	Q	Q	Q	Q	Q
R	R	R	R	R	R
S	S	S	S	S	S
T	T	T	T	T	T
U	U	U	U	U	U
V	V	V	V	V	V
W	W	W	W	W	W
X	X	X	X	X	X
Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z

Form A

Start with number 1 for each new section.

If a section has fewer questions than answer spaces, leave the extra answer spaces blank.

1. A B C D E
2. A B C D E
3. A B C D E
4. A B C D E
5. A B C D E
6. A B C D E
7. A B C D E
8. A B C D E
9. A B C D E
10. A B C D E
11. A B C D E
12. A B C D E
13. A B C D E
14. A B C D E
15. A B C D E
16. A B C D E
17. A B C D E
18. A B C D E
19. A B C D E
20. A B C D E
21. A B C D E
22. A B C D E
23. A B C D E
24. A B C D E
25. A B C D E
26. A B C D E
27. A B C D E
28. A B C D E
29. A B C D E
30. A B C D E
31. A B C D E
32. A B C D E
33. A B C D E
34. A B C D E
35. A B C D E
36. A B C D E
37. A B C D E
38. A B C D E
39. A B C D E
40. A B C D E
41. A B C D E
42. A B C D E
43. A B C D E
44. A B C D E
45. A B C D E
46. A B C D E
47. A B C D E
48. A B C D E
49. A B C D E
50. A B C D E



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1.
YOUR NAME: _____ Last _____ First _____ M.I. _____
(Print) _____

SIGNATURE: _____ DATE: _____ / _____ / _____

HOME ADDRESS: _____
(Print) _____ Number and Street _____
City _____ State _____ Zip Code _____

PHONE NO.: _____
(Print) _____

IMPORTANT: Please fill in these boxes exactly as shown on the back cover of your test book.

2. TEST FORM

6. DATE OF BIRTH
Month Day Year
JAN 0 0 0 0
FEB 1 1 1 1
MAR 2 2 2 2
APR 3 3 3 3
MAY 4 4 4 4
JUN 5 5 5 5
JUL 6 6 6 6
AUG 7 7 7 7
SEP 8 8 8 8
OCT 9 9 9 9
NOV 0 0 0 0
DEC 1 1 1 1

3. TEST CODE				4. REGISTRATION NUMBER			
0	A	J	0	0	0	0	0
1	B	K	1	1	1	1	1
2	C	L	2	2	2	2	2
3	D	M	3	3	3	3	3
4	E	N	4	4	4	4	4
5	F	O	5	5	5	5	5
6	G	P	6	6	6	6	6
7	H	Q	7	7	7	7	7
8	I	R	8	8	8	8	8
9			9	9	9	9	9

7. SEX
 MALE
 FEMALE

The
Princeton
Review

5. YOUR NAME
First 4 letters of last name _____ FIRST INIT. _____ MID INIT. _____

A	A	A	A	A	A	A
B	B	B	B	B	B	B
C	C	C	C	C	C	C
D	D	D	D	D	D	D
E	E	E	E	E	E	E
F	F	F	F	F	F	F
G	G	G	G	G	G	G
H	H	H	H	H	H	H
I	I	I	I	I	I	I
J	J	J	J	J	J	J
K	K	K	K	K	K	K
L	L	L	L	L	L	L
M	M	M	M	M	M	M
N	N	N	N	N	N	N
O	O	O	O	O	O	O
P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R
S	S	S	S	S	S	S
T	T	T	T	T	T	T
U	U	U	U	U	U	U
V	V	V	V	V	V	V
W	W	W	W	W	W	W
X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z

Form B

Start with number 1 for each new section.

If a section has fewer questions than answer spaces, leave the extra answer spaces blank.

1. A B C D E
2. A B C D E
3. A B C D E
4. A B C D E
5. A B C D E
6. A B C D E
7. A B C D E
8. A B C D E
9. A B C D E
10. A B C D E
11. A B C D E
12. A B C D E
13. A B C D E
14. A B C D E
15. A B C D E
16. A B C D E
17. A B C D E
18. A B C D E
19. A B C D E
20. A B C D E
21. A B C D E
22. A B C D E
23. A B C D E
24. A B C D E
25. A B C D E
26. A B C D E
27. A B C D E
28. A B C D E
29. A B C D E
30. A B C D E

31. A B C D E
32. A B C D E
33. A B C D E
34. A B C D E
35. A B C D E
36. A B C D E
37. A B C D E
38. A B C D E
39. A B C D E
40. A B C D E
41. A B C D E
42. A B C D E
43. A B C D E
44. A B C D E
45. A B C D E
46. A B C D E
47. A B C D E
48. A B C D E
49. A B C D E
50. A B C D E