



Prof./Ens. XXX
Examen de XXX - Section XX
Date - durée: XhYYm

Nom :



Signature :

SCIPER : _ _ _ _ _

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Respectez les consignes suivantes Observe this guidelines Beachten Sie bitte die unten stehenden Richtlinien		
choisir une réponse select an answer Antwort auswählen	ne PAS choisir une réponse NOT select an answer NICHT Antwort auswählen	Corriger une réponse Correct an answer Antwort korrigieren
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ce qu'il ne faut PAS faire what should NOT be done was man NICHT tun sollte		
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