

- Complete this form when you have completed and handed in your exam.
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Proctor: _____ Date: _____

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Feedback

Issue	<input type="checkbox"/> Multiple correct answers <input type="checkbox"/> Confusing or ambiguous <input type="checkbox"/> Other:	<input type="checkbox"/> No correct answer listed <input type="checkbox"/> Repeated question
Explanation		
Question # (do not write out question)		
Issue	<input type="checkbox"/> Multiple correct answers <input type="checkbox"/> Confusing or ambiguous <input type="checkbox"/> Other:	<input type="checkbox"/> No correct answer listed <input type="checkbox"/> Repeated question
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