



- Fill in your information below AND on page 3 of this booklet; do not write your name or any other identifying information anywhere else in this booklet.
- Start each answer on a new page and write the question number in the left hand margin.
- Use both sides of the paper.
- You must NOT remove any pages from this booklet.
- You should cross out your rough working.
- Crossed out work will not be marked.
- If you make more than one attempt at a question you must cross out all but the one you wish to have marked. If you do not do so, only your first attempt will be marked, unless a later attempt is clearly substantially more complete.
- You must NOT attach any extra sheets to this answer booklet: extra sheets will be removed and they will not be marked.

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|---------|--|--|--|--|--|
| Surname | | | | | |
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| Other names | | | | | |
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| Candidate Number | S | | | | |
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| Centre Number | | | | | |
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| Date of Birth | | d | d | m | m |
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| STEP Paper | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
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SHADE THE CIRCLE UNDER THE NUMBER

SPECIMEN

DO NOT WRITE ON THIS PAGE



DO NOT WRITE YOUR NAME ON THIS PAGE.

| | | | | | | |
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| Candidate Number | S | | | | | |
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| STEP Paper | 1 | 2 | 3 |
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SHADE THE CIRCLE UNDER THE NUMBER

In the grid below tick next to the numbers of the questions you answer.

| Question Number | Tick if attempted | Mark | Initial | Mark | Initial | Mark | Initial |
|-----------------|-------------------|------|---------|------|---------|------|---------|
| 1 | | | | | | | |
| 2 | | | | | | | |
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| 10 | | | | | | | |
| 11 | | | | | | | |
| 12* | | | | | | | |
| TOTAL | | | | | | | |
| Key 1 | | | | | | | |
| Key 2 | | | | | | | |

*Only for STEP 2 and 3

LEAVE THIS SECTION BLANK

DO NOT WRITE ON THIS PAGE

SPECIMEN

Question
number

Leave
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