



## ANSWER SHEET

# CENTRUM JĘZYKÓW OBCYCH UG

Egzamin końcowy z języka angielskiego

DD.MM.RRRR.

|          |              |
|----------|--------------|
| POZIOM   | B2           |
| WYDZIAŁ  | Ekonomiczny  |
| KIERUNEK | Ekonomia SSL |
| SESJA    | Letnia       |
| TERMIN   | Podstawowy   |

WYPEŁNIA STUDENT:

|                     |  |
|---------------------|--|
| IMIĘ I NAZWISKO     |  |
| NR INDEKSU          |  |
| DATA                |  |
| NAZWISKO<br>LEKTORA |  |
| KOD GRUPY           |  |

WYPEŁNIA STUDENT:

**Part I - Listening (15 points)**

Please tick (☒) the CORRECT answer.

|  |    |
|--|----|
|  | 15 |
|--|----|

| Task 1         | 1.                         |                            | 2.                         |                            | 3.                         |                            | 4.                         |                            |
|----------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Conversation 1 | <input type="checkbox"/> T |                            | <input type="checkbox"/> F |                            | <input type="checkbox"/> T |                            | <input type="checkbox"/> F |                            |
| Conversation 2 | <input type="checkbox"/> T |                            | <input type="checkbox"/> F |                            | <input type="checkbox"/> T |                            | <input type="checkbox"/> F |                            |
| Task 2         | 1.                         |                            | 2.                         |                            | 3.                         |                            | 4.                         |                            |
|                | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> A | <input type="checkbox"/> B |
|                | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> A | <input type="checkbox"/> B |
|                | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> A | <input type="checkbox"/> B |
|                | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> A | <input type="checkbox"/> B |

**Part II - Reading (15 points)**

Please tick (☒) the CORRECT answer.

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|  | 15 |
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| Task 3 | 1.                         |                            |                            | 2.                         |                            |                            | 3.                         |                            |                            | 4.                         |                            |                            | 5.                         |                            |                            |
|--------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
|        | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| Task 4 | 1.                         | 2.                         | 3.                         | 4.                         | 5.                         | 6.                         | 7.                         | 8.                         | 9.                         | 10.                        | 11.                        | 12.                        | 13.                        | 14.                        | 15.                        |
|        | <input type="checkbox"/> T | <input type="checkbox"/> F | <input type="checkbox"/> T |

**Part III - Use of English (20 points)**

Please tick (☒) (Task 1) and write (Task 2) the CORRECT answer.

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|  | 20 |
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| Task 5 |           | A                        | B                        | C                        | D                        |    | A                        | B                        | C                        | D                        |    | A                                   | B                        | C                        | D                        |                          | A                        | B                        | C                        | D                        |
|--------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|        | 1         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|        | 2         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|        | 3         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|        | 4         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|        | 5         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Task 6 | Example   |                          |                          | 1.                       |                          |    | 2.                       |                          |                          | 3.                       |    |                                     | 4.                       |                          |                          | 5.                       |                          |                          |                          |                          |
|        | publicity |                          |                          | <input type="checkbox"/> |                          |    | <input type="checkbox"/> |                          |                          | <input type="checkbox"/> |    |                                     | <input type="checkbox"/> |                          |                          | <input type="checkbox"/> |                          |                          |                          |                          |

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|  | 20 |
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**Part IV - Writing (20 points)****Task 7.** Please tick (☒) the selected topic and write your text below (180-220 word limit).

| Topic selected | <input type="checkbox"/> A | <input type="checkbox"/> B |
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50-lecie  
Uniwersytetu  
Gdańskiego  
2020

Egzamin końcowy z języka angielskiego  
WE / Sample Exam / 20



CENTRUM  
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UNIwersytetu GDAŃSKiego

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**WYPEŁNIA EGZAMINATOR:**

| PUNKTACJA     |          |           |         |             |            | OCENA    |
|---------------|----------|-----------|---------|-------------|------------|----------|
| CZĘŚĆ PISEMNA |          |           |         | CZĘŚĆ USTNA |            | $\Sigma$ |
| SŁUCHANIE     | CZYTANIE | LEKS-GRAM | PISANIE | PRODUKCJA   | INTERAKCJA |          |
| /15           | /15      | /20       | /20     | /15         | /15        | /100     |

**Podpis Egzaminatora:**

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