



Course code

Centre code

E	S	T
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SCSA student number

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Course: Engineering Studies

Surname: \_\_\_\_\_

Other names: \_\_\_\_\_

**Instructions**

Candidate please sign here.

Signature: \_\_\_\_\_

**Supervisor  
use only**

Absent

Shade the box if the candidate was absent from the examination.

Supervisor's initials

For each question, shade the box to indicate your answer. Use only a blue or black pen to shade the boxes.

For example, if b is your answer: a  b  c  d

If you make a mistake, place a cross through that square, then shade your new answer. Do not erase or use correction fluid/tape.

For example, if b is a mistake and d is your answer: a  b  c  d

If you then want to use your first answer b, cross out d and then circle b.

a  b  c  d

Marks will not be deducted for incorrect answers. No marks will be given if more than one answer is completed for any question.

**Section One: Part A**  
**All Candidates: Core Content**

- |   |   |    |   |
|---|---|----|---|
| 1 | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> | 6  | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> |
| 2 | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> | 7  | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> |
| 3 | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> | 8  | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> |
| 4 | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> | 9  | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> |
| 5 | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> | 10 | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> |

**Section Two: Part A**  
**Specialist Field: Mechanical**

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|----|---|----|---|
| 14 | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> | 19 | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> |
| 15 | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> | 20 | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> |
| 16 | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> | 21 | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> |
| 17 | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> | 22 | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> |
| 18 | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> | 23 | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> |

**Section Two: Part A**  
**Specialist Field: Mechatronics**

- |    |   |    |   |
|----|---|----|---|
| 31 | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> | 36 | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> |
| 32 | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> | 37 | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> |
| 33 | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> | 38 | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> |
| 34 | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> | 39 | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> |
| 35 | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> | 40 | a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> |