

GL Mock 3 English – Answer Sheet

Candidate's Name:

DATE OF TEST					
Day		Month		Year	

School Name:

DATE OF BIRTH					
Day		Month		Year	

Please mark the boxes with a thin horizontal line like this . Rub out mistakes thoroughly.

Examples and Practice Questions

A	Example
A	☐
B	☐
C	☐
D	☒
E	☐

1	Practice
A	☐
B	☐
C	☐
D	☐
E	☐

2	Practice
A	☐
B	☐
C	☐
D	☐
E	☐

B	Example
A	☒
B	☐
C	☐
D	☐
E	☐

3	Practice
A	☐
B	☐
C	☐
D	☐
E	☐

C	Example
A	☒
B	☐
C	☐
D	☐
E	☐

4	Practice
A	☐
B	☐
C	☐
D	☐
E	☐

Section 1: Comprehension

1
A ☐
B ☐
C ☐
D ☐
E ☐

2
A ☐
B ☐
C ☐
D ☐
E ☐

3
A ☐
B ☐
C ☐
D ☐
E ☐

4
A ☐
B ☐
C ☐
D ☐
E ☐

5
A ☐
B ☐
C ☐
D ☐
E ☐

6
A ☐
B ☐
C ☐
D ☐
E ☐

7
A ☐
B ☐
C ☐
D ☐
E ☐

8
A ☐
B ☐
C ☐
D ☐
E ☐

9
A ☐
B ☐
C ☐
D ☐
E ☐

10
A ☐
B ☐
C ☐
D ☐
E ☐

11
A ☐
B ☐
C ☐
D ☐
E ☐

12
A ☐
B ☐
C ☐
D ☐
E ☐

13
A ☐
B ☐
C ☐
D ☐
E ☐

Section 2: Spelling

14	A	
	B	
	C	
	D	
	N	

15	A	
	B	
	C	
	D	
	N	

16	A	
	B	
	C	
	D	
	N	

17	A	
	B	
	C	
	D	
	N	

Section 3: Punctuation

18	A	
	B	
	C	
	D	
	N	

19	A	
	B	
	C	
	D	
	N	

20	A	
	B	
	C	
	D	
	N	

21	A	
	B	
	C	
	D	
	N	

Section 4: Sentence Completion

22	A	
	B	
	C	
	D	
	E	

23	A	
	B	
	C	
	D	
	E	

24	A	
	B	
	C	
	D	
	E	

25	A	
	B	
	C	
	D	
	E	