

FOR OFFICIAL USE



National  
Qualifications

Mark

X837/75/01

# History Answer Booklet



\* X 8 3 7 7 5 0 1 \*

Fill in these boxes and read what is printed below.

Full name of centre

Town

Forename(s)

Surname

Number of seat

Date of birth

Day

Month

Year

Scottish candidate number

Write your answers clearly in this answer booklet. You must clearly identify in the margin the question number you are attempting.

Please indicate, with a tick (✓) on page 02, which Part you have attempted in each Section.

Use **blue** or **black** ink.

Before leaving the examination room you must give this booklet to the Invigilator; if you do not you may lose all the marks for this paper.

ENTER  
NUMBER  
OF  
QUESTION

DO NOT  
WRITE IN  
THIS  
MARGIN




ENTER NUMBER OF QUESTION	DO NOT WRITE IN THIS MARGIN





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For marker's use	
Question	Marks

