ELEC-3500 Lab #1 MOSFET Devices

ab Date: Lab Section: Mon / Tue / Wed / Thu am		d / Thu am / Th	
Partner 1 Name:	Student #:	Student #: Student #:	
Partner 2 Name:	Student #:		
Lab #1 Marking Scheme	Partner #1	Partner #2	
Attendance:	[]	[]	
In Lab Progress: Checked By:			
		/ 30	
Questions: Questioned By:			
Partner #1: [] Perfect [] Partial [] In	/ <u>10</u>	/ <u>10</u>	
Partner #2: [] Perfect [] Partial [] In	ncorrect		
Report: Marked By:			
		/ <u>60</u>	
Total Marks:	/100	/100	
Comments:	L		