

Lab #4 Geometrical Optics

A. Complete this:

YOUR NAME Neil Sawhney

PARTNER'S NAME _____

PLEASE CHECK THE CIRCLE NEXT TO YOUR LAB SECTION:

- | | |
|--|---|
| <input type="radio"/> A, Prof Yecko, Mon 1–3 PM | <input type="radio"/> B, Prof Webb-Mack, Tue 2–4 PM |
| <input checked="" type="radio"/> C, Prof Yecko, Wed 10 AM–12 | <input type="radio"/> D, Prof Corn-Agostini, Thu 9 AM–11 AM |
| <input type="radio"/> E, Prof Webb-Mack, Tue 9–11 AM | <input type="radio"/> F, Prof Yecko, Fri 1 PM–3 PM |

B. Read and sign Academic Integrity Statement:

I hereby attest that I have not given or received any unauthorized assistance on this assignment.

Neil Sawhney

electronic signature here

C. Grading rubric:

CATEGORY AND VERY BRIEF GRADING COMMENTS.....	PTS AVAILABLE	PTS EARNED
Purpose	1	
Data	4	
Explanation of Errors	4	
Calculations	4	
Results & Analysis	4	
Conclusion + Questions	1+2	
<i>Total</i>	20	