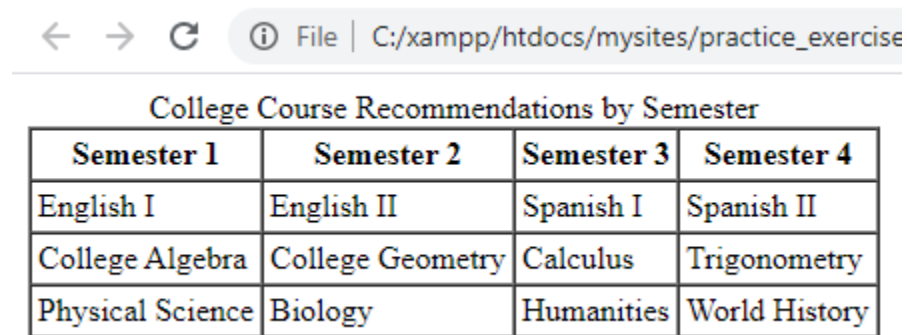


2021F CSD 1103 - Front End Web Development I

Practice Exercise 5

Question 1: (this question gives you 1 point)

Create a structure of a webpage, with html, head and body sections. In the head section, use title element to provide a title (your name-student id-assignment 5-1). In the body, create a table that matches the following table (borders and caption added as shown):



The screenshot shows a web browser window with the address bar displaying 'File | C:/xampp/htdocs/mysites/practice_exercise'. The page content features a table titled 'College Course Recommendations by Semester'. The table has four columns: Semester 1, Semester 2, Semester 3, and Semester 4. The rows list the following courses: English I, English II, Spanish I, Spanish II, College Algebra, College Geometry, Calculus, Trigonometry, Physical Science, Biology, Humanities, and World History.

Semester 1	Semester 2	Semester 3	Semester 4
English I	English II	Spanish I	Spanish II
College Algebra	College Geometry	Calculus	Trigonometry
Physical Science	Biology	Humanities	World History

Submission:

- Your HTML file.
- For CSS, if you use external CSS, then submit your CSS file as well (otherwise include CSS rules in your HTML file as appropriate, using <style> tag or inline styles)
- The screenshot image file showing how your web page is rendered in the web browser (Filename scr5-1.jpg)

Question 2: (this question gives you 2 points)

Create a structure of a webpage, with html, head and body sections. In the head section, use title element to provide a title (your name-student id-assignment 5-2). In the body, create a form that matches the following form (for form submission GET method must be used, for submission URL myform.php must be used):

Note that

Fill Out Our Registration Form

Interests:

- ☒ Web Development
- ☐ Programming
- ☒ Electronics
- ☐ Artificial Intelligence

Subscription options:

- ☐ Monthly (\$5/mo)
- ☐ Yearly (\$50/yr)
- ☒ Lifetime (\$150)

Select your province:

Ontario ▼

Address and Phone number

Address 1: House/apt #, street name:

Address 2: City, Province, Postal code:

Phone:

Let us know your opinion:

Note: Clicking on a label of a checkbox or a radio button form control must act as clicking on the corresponding form control.

Submission:

- your HTML file
- your CSS file (if any)
- screenshot image file, showing how your web page is rendered in the web browser. Filename: scr5-2.jpg.