

## Department of Electrical, Computer, & Biomedical Engineering

Faculty of Engineering & Architectural Science

Course Title:	
Course Number:	
Semester/Year (e.g.F2016)	
Instructor:	
Assignment/Lab Number:	
Assignment/Lab Title:	
Submission Date:	
Due Date:	

Student LAST Name	Student FIRST Name	Student Number	Section	Signature*
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