



**Department of Electrical,
Computer, & Biomedical Engineering**
Faculty of Engineering & Architectural Science

Course Title:	
Course Number:	
Semester/Year (e.g.F2016)	

Instructor:	
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<i>Assignment/Lab Number:</i>	
<i>Assignment/Lab Title:</i>	

<i>Submission Date:</i>	
<i>Due Date:</i>	

Student LAST Name	Student FIRST Name	Student Number	Section	Signature*
				T.G.

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