

ECE1813

Name:	<input type="text"/>	Assignment No.:	<input type="text"/>
Student ID:	<input type="text"/>	Raw Score:	<input type="text"/>
Section:	1A 1B 2B 3B 4B	Raw Value:	<input type="text"/>
Date:	<input type="text"/>	Scaled Score:	<input type="text"/>

Marker's Initials:



*UNIVERSITY OF
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Department
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Electrical and Computer
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