



UNIVERSITY OF TECHNOLOGY
 Faculty of Engineering
 Department of Mechanical Engineering
 Cairo, Egypt

Page No.
Date

Method of Least Squares

Name of Candidate: _____ **Registration No.:** _____
Section No.: _____ **Group:** _____
Date of Exam: _____ **Duration:** _____

Observations				Calculations			
No.	X	Y	X ²	Y ²	XY	ΣX	ΣY
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
Σ							

No.	X	Y	X ²	Y ²	XY	ΣX	ΣY	ΣX ²	ΣY ²	ΣXY

 Student's Signature