**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Epithelial Tissue Warm-up**

*Label each of the following as Columnar, Cuboidal or Squamous.*

*Side View*

Top Down View

*Side View* Top Down View



*Label each of the following as Simple or Stratified.*



*Label each of the following as Simple, Stratified, Pseudostratified or Transitional AND as Squamous, Cuboidal or Columnar.*



  

 