

ASSIGNMENT COVER SHEET



TITLE	FIRST NAME	FAMILY NAME

ADDRESS		

POSTCODE		

STUDENT NUMBER

COURSE NAME:	_____		
UNIT NAME:	_____		
UNIT CODE:	_____		OFFICE USE ONLY
DATE DUE: ____/____/____	ASSIGNMENT TITLE: _____		DATE RECEIVED: ____/____/____
EXTENSION GRANTED TO: ____/____/____ <small>A completed 'Request for Extension' form signed by the Lecturer/Course Coordinator must be attached.</small>			RECEIVED BY: <input type="checkbox"/> POST _____
LECTURER:	_____		
MODE OF STUDY:	<input type="checkbox"/> INTERNAL	<input type="checkbox"/> EXTERNAL	<input type="checkbox"/> INTENSIVE <input type="checkbox"/> PRACTICUM/INTERNSHIP

DECLARATION

I declare that:

- No part of this assignment has been copied from any other person's work except where due acknowledgment is made in the text.
- No part of this assignment has been written for me by any other person except where collaboration has been authorised by the lecturer concerned.
- I hold a copy of this assignment which I can produce if the original is lost or damaged.

Signed: _____ Date: ____/____/____

NB: An examiner has and may exercise the right not to mark this assignment if the above declaration has not been signed. If the above declaration is found to be false, appropriate further action will be taken.

Return Address:
 Christian Heritage College Assignments
 PO Box 2246
 Mansfield BC QLD 4122