

COLLEGE INFORMATION

Subject / Unit / Module Name					
Assignment Title					
Course Name		College			
Lecturer's Name					
Is your Assignment being submitted on or before the published due date?				YES <i>(skip next question)</i>	NO
Have you been approved for an Extension?	YES		NO	Extension Date:	

DECLARATION

We declare, that except where we have referenced, the work we are submitting in this attachment is our own work. We acknowledge and agree that the assessor of this assignment may for the purpose of authenticating this assignment, reproduce it for the purpose of detecting plagiarism. We have read and are aware of the Think: Colleges *Academic Integrity Policy and Procedure* viewable online at www.think.edu.au/policiesandforms

GROUP ASSIGNMENT DETAILS

Student 1

Student Name		Student #	
% Contribution:		Signature	

Student 2

Student Name		Student #	
% Contribution:		Signature	

Student 3

Student Name		Student #	
% Contribution:		Signature	

Student 4

Student Name		Student #	
% Contribution:		Signature	

OFFICE USE ONLY

Received by Admin Staff <i>(print name in block letters)</i>		Signature		Date/Time Received	
Received by Lecturer		Signature		Date/Time Received	



Student Name		Student #	
Subject Name		Lecturers Name	
Assignment Title			
Received by Admin Staff		Signature	Date/Time Received

