

ASSIGNMENT COVER SHEET
(Administration Copy)

Student Name	Student No	
Subject/Unit./Module Name	Course Name	
College	Lecturer's Name	Session code

Declaration: I declare that, except where I have referenced, the work I am submitting in this attachment is my own work. I also 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. I have read and am aware of the Think: Colleges *Academic Integrity Policy and Procedure* viewable online at www.think.edu.au/policiesandforms.

Student Signature

Received by Admin Staff
(print name in block letters)

Date/Time Received

Signature

Received by Lecturer
(print name in block letters)

Date/Time Received

Lecturer Signature

Self-addressed, stamped envelope included (if required): Yes / No / Not applicable

EXTENSION APPROVAL (attach email approval, if applicable)

Extensions: Students who require an extension of time to complete an assessment must seek approval from the Program Director and assessor. The Program Director and assessor must sign the appropriate section of the *Assignment Cover Sheet* indicating the extension date. Extension can only be granted due to compassionate or compelling circumstances that are generally those beyond the control of the student and which have an impact upon the student's course progress or wellbeing. See the *Assessment Policy and Procedure* for more details, www.think.edu.au/policiesandforms.

New Extension Date

Lecturer
Name

Lecturer
Signature

Date Approved

Program Director
Name

PD
Signature

Date Approved

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ASSIGNMENT COVER SHEET (Student Copy)

Students: Please keep this and a copy of your assignment for your own records

Student Name	Student No
Subject Name	Lecturer Name
Student Signature	
Received by Admin Staff (print name in block letters)	Date/Time Received
Signature	