

GROUP ASSIGNMENT COVER SHEET
(Administration Copy)

Subject/Unit/Module Name

Course Name

College

Lecturer's Name

Session Code

DECLARATION

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

Student Name

Student No

Student Signature

Contribution

Student Name

Student No

Student Signature

Contribution

Student Name

Student No

Student Signature

Contribution

Student Name

Student No

Student Signature

Contribution

Received by Admin Staff
(print name in block letters)

Signature

Date/Time Received

Received by Lecturer
(print name in block letters)

Lecturer Signature

Date/Time Received

Self addressed, stamped envelope included (if required): Yes No Not Applicable

EXTENSION APPROVAL

Extensions: Students who require an extension of time to complete an assessment must seek approval from the Program Director and lecturer using the *Application for Assessment Special Consideration* form. 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.

✂ - - - - - ✂

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)

Signature

Date/Time Received