Please complete this form and hand in to the lecturer on the day presentation (individually). This is strictly confidential

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| **Student Name**  **(Exclude Yourself)** | **Student Number** | **Percentage**  **Of Contribution**  **(0% - 100%)** | **Reason (If Any)** |
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Name of Student Submitting / Student Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_// A / B / C / D / E / F (Please Delete According)

Class Day and Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_