ASSIGNMENT/ASSESSMENT ITEM COVER SHEET

Student Name:						
FIRS			ST NAME FAM		FAMILY / I	LAST NAME
Student Number:		Email:				
Cou	Course Code		Course Title			
(Example) A B	C D 1 2	3 4	(Example) Intro to	University		
Campus of	Campus of Study:		(eg Callaghan, Ourimbah, Port Macqua		Ourimbah, Port Macquarie)	
Assessment Item Title:				Due Date/Time:		
Tutorial Group (If applicable):			Word Count (If applicable):			e):
Lecturer/Tutor Name:						
Extension Granted: Yes No Granted Until:						
Please attach a copy of your extension approval NB: STUDENTS MAY EXPECT THAT THIS ASSIGNMENT WILL BE RETURNED WITHIN 3 WEEKS OF THE DUE DATE OF SUBMISSION						
Please tick box if applicable						
Students within the Faculty of Business and Law, Faculty of Science and Information Technology, Faculty of Engineering and Built Environment and the School of Nursing and Midwifery: I verify that I have completed the online Academic Qo*\frac{1}{40} Module and adhered to its principles						
Students within the School of Education: "I understand that a minimum standard of correct referencing and academic literacy is required to pass all written assignments in the School of Education; and I have read and understood the School of Education Course Outline Policy Supplement, which includes important information related to assessment policies and procedures.						
	I declare that this assessment item is my own work unless otherwise acknowledged and is in accordance with the University's academic integrity policy available from the Policy Library on the web at http://www.newcastle.edu.au/policylibrary/000608.html I certify that this assessment item has not been submitted previously for academic credit in this or any other course. I certify that I have not given a copy or have shown a copy of this assessment item to another student enrolled in the course.					
DATE STAMP HERE	 I acknowledge that the assessor of this assignment may, for the purpose of assessing this assignment: Reproduce this assessment item and provide a copy to another member of the Faculty; and/or Communicate a copy of this assessment item to a plagiarism checking service (which may then retain a copy of the item on its database for the purpose of future plagiarism checking). Submit the assessment item to other forms of plagiarism checking. 					
	I certify that any electronic version of this assessment item that I have submitted or will submit is identical to this paper version.					
	Turnitin ID: (if applicable)	<i>Y</i>	, .	,		
Insert this way	Signature:	10	WS	M	1	Date:

