GROUP ASSESSMENT ITEM COVER SHEET

Student Numbers:	Emails:	FIRST NAMES	FAMILY / LAST NAMES
☐☐☐☐☐☐☐☐	_____	☐	☐
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Course Code

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Course Title

☐

(Example)

A	B	C	D	1	2	3	4

(Example)

Intro to University

Campus of Study: _____ (eg Callaghan, Ourimbah, Port Macquarie)

Assessment Item Title: _____ Due Date/Time: ☐

Tutorial Group (If applicable): ☐ Word Count (If applicable): ☐

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, Faculty of Engineering and Built Environment and the School of Nursing and Midwifery:* We verify that we have completed the online Academic Integrity Module and adhered to its principles.

☐ *Students within the School of Education:* We understand that a minimum standard of correct referencing and academic literacy is required to pass all written assignments in the School of Education; and we have read and understood the School of Education *Course Outline Policy Supplement,* which includes important information related to assessment policies and procedures.

We declare that this assessment item is our own work unless otherwise acknowledged and is in accordance with the University's
Student Academic Integrity Policy
We certify that this assessment item has not been submitted previously for academic credit in this or any other course. We certify that we have not given a copy or have shown a copy of this assessment item to another student enrolled in the course, other than members of this group.

We 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.

We certify that any electronic version of this assessment item that we have submitted or will submit is identical to this paper version.

Turnitin ID:
(if applicable) ☐

DATE STAMP HERE

Signature: _____nmurphy_____ Date: _____

Signature: _____jlecathelinais_____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Insert this way