GROUP ASSESSMENT ITEM COVER SHEET

Student Numbers:	Emails:	FIRST NAMES	FAMILY / LAST NAMES
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318579	0 3185790 Quando	ru Simon	Hartcher
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Campus of Study:	Callaghan	(eg Calla	ghan, Ourimbah, Port Macquarie)
Assessment Item Title: _	Assignment	Due Dat	re/Time: 19 0d 2014
	le): Monday 1-3		licable):
Lecturer/Tutor Name:	Prof. Lilijana Bra	nkovic	
Extension Granted:	Yes No	Granted Until:	
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