ASSIGNMENT/ASSESSMENT ITEM COVER SHEET

Student Name:		
	FIRST NAME	FAMILY / LAST NAME
Student Number:		Email:
Course Code		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:
SUBMISSION		NT WILL BE RETURNED WITHIN 3 WEEKS OF THE DUE DATE OF
Environment and the School I verify that I have complete Students within the School "I understand that a minimu	of of Nursing and Midwifery of the online Academic Quant of Education: If the standard of correct referred I have read and understoad I have read and I have rea	A* lac Module and adhered to its principles rencing and academic literacy is required to pass all written assignments in bod the School of Education Course Outline Policy Supplement, which includes
academic integrity policy I certify that this assessm have not given a copy or I acknowledge that the as • Reproduce this assess • Communicate a copy of database for the purpose • Submit the assessmen	available from the Policy Lent item has not been subhave shown a copy of this seessor of this assignment ament item and provide a cof this assessment item to of future plagiarism check at item to other forms of place c version of this assessment	
Insert this Signature:way	del	Date:

