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| **THIS FORM MUST BE COMPLETED AND ATTACHED TOGETHER WITH YOUR COMPLETED ASSIGNMENT / ALTERNATIVE ASSESSMENT / TAKE HOME TEST&EXAM.**  **ONLY SUBMISSIONS WITH THIS FORM WILL BE ACCEPTED FOR MARKING.** | | |
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|  | **I HEREBY DECLARE THAT ALL WORKS PRESENTED IN THIS ASSESSMENT ARE FULLY MY OWN ORIGINAL WORKS.** | |
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|  | **WHILE I MAY HAVE REFERENCED THE MATERIALS FROM OTHER SOURCES (PRINTED MATERIALS OR THE INTERNET), ALL PARTS OF WORKS IN THIS ASSESSMENT COMPOSED CAME FROM MY OWN IDEA, CREATIVITY AND INTERPRETATIONS OF THE SOURCES.** | |
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|  | **I WITH FREE CONSENT VERIFIED THAT I DO NOT COPIED FROM OTHER PEOPLE, AND HAVE NOT LET MYSELF BE COPIED BY OTHER PEOPLE.** | |
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|  | **I UNDERSTAND THAT ANY SIMILARITIES TO WORKS FROM OTHER PEOPLE AND FROM OTHER REFERENCE MATERIALS INCLUDING THE INTERNET WILL SIGNIFICANTLY REDUCE MARKS FOR THIS ASSESSMENT OR IN MORE SEVERE CASE, I MAY FAIL THIS ASSESSMENT IF THE SIMILARITIES ARE HIGH.** | |
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|  | **IN THE EVENT THAT THERE ARE FAILURE, NEGLIGENCE, NON COMPLIANCE , WRONGDOING OR INFORMATION GIVEN ARE FRAUD, I AGREE AND COMMIT TO WHAT EVER REASONABLE ACTION THAT SHALL BE TAKEN AGAINST ME.** | |
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|  | **SIGNED BY** | : |
|  | **NAME** | : Holifield William |
|  | **MATRIC NO** | : 69861 |
|  | **COURSE** | : Object Oriented Software Development |
|  | **COURSE INSTRUCTOR** | : Dr. Chai Soo See |
|  | **ASSIGNMENT /**  **ALTERNATIVE ASSESSMENT /**  **TAKE HOME EXAM**  **(MODULE NAME)** | : Online Hospital Blood Test Appointment System |
|  | **DATE** | : 3 January 2020 |
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