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| **Faculty of Information Technology** | | | | | | | | | |
| I declare that I am familiar with, and will abide to the Examination rules of CTU    **Signature** | **SUBJECT NAME: RD**  **SUBJECT CODE: 411** | | | | | | | | |
| **Formative Assessment 1 Duration**:  **Date**:26/07/2023  **Total Marks**:  **Total pages**: | | | | **Examiner**:  **Moderator:** | | | | |
| **Student number** | | | | | | | | |
| 2 | 0 | 2 | 3 | 2 | 0 | 9 | 0 |  |
| **Surname**:Seiso | | | | **Initials**: N | | | / | % |