**UNIVERSITY OF OXFORD, DEPARTMENT FOR CONTINUING EDUCATION**

Ewert House, Ewert Place, Oxford, OX2 7DD. Tel: Oxford (01865) 280900

**WEEKLY CLASS ASSESSMENT - DECLARATION OF AUTHORSHIP**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name (in capitals):** | | |  | | | **Assignment Deadline:** |
| **Course Title:** | | |  | | |  |
| **Term:** |  | | | | | **Date Submitted:** |
| **Tutor:** |  | | | | |  |
| **Title of Assignment: *Not required for Language courses*** | |  | | | | **Word Count:**  (If applicable) |
|  |
| ***Please sign to confirm the following:***  I, declare that:   * I am aware of the University's guidance on plagiarism <https://www.ox.ac.uk/students/academic/guidance/skills/plagiarism?wssl=1> * I have read and understood the Department’s information and guidance on academic good practice and plagiarism given in the Guide to Producing Coursework * The work I am submitting is entirely my own work except where otherwise indicated * It has not been submitted, either wholly or substantially, for another course of this Department or University, or for a course at any other institution * I have clearly indicated the presence of all material I have quoted from other sources, including any images, diagrams, charts, tables or graphs * I have clearly signalled the presence of quoted or paraphrased material and referenced all sources * I have acknowledged appropriately any assistance I have received in addition to that provided by my tutor * I have not copied from the work of any other student * I have not used the services of any agency providing specimen, model or ghost-written work in the preparation of this submitted work * I agree to retain a copy of this work until receipt of my final result * I agree to make any such electronic copy available to the Director of Weekly Classes should it be necessary to confirm my word count or to check for plagiarism | | | | | | |
| **Candidate’s Signature:** | |  | | **Date:** |  | |

**DA Form**