

## Coursework Submission Cover Sheet

***Please use Adobe Reader to complete this form. Other applications may cause incompatibility issues.***

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Student Number	<input type="text" value="1730579"/>
Module Code	<input type="text" value="CM1202"/>
Submission Date	<input type="text" value="04/04/2019"/>
Hours spent on this exercise	<input type="text" value="15"/>
Special Provision	<input type="checkbox"/>

(Please place an x in the box above if you have provided appropriate evidence of need to the Disability & Dyslexia Service and have requested this adjustment).

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### Group Submission

For group submissions, *each member of the group must submit a copy of the coversheet*. Please include the student number of the group member tasked with submitting the assignment.

Student number of submitting group member	<input type="text" value="1743324"/>
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***By submitting this cover sheet you are confirming that the submission has been checked, and that the submitted files are final and complete.***

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### Declaration

***By submitting this cover sheet you are accepting the terms of the following declaration.***

I hereby declare that the attached submission (or my contribution to it in the case of group submissions) is all my own work, that it has not previously been submitted for assessment and that I have not knowingly allowed it to be copied by another student. I understand that deceiving or attempting to deceive examiners by passing off the work of another writer, as one's own is plagiarism. I also understand that plagiarising another's work or knowingly allowing another student to plagiarise from my work is against the University regulations and that doing so will result in loss of marks and possible disciplinary proceedings.

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Student Number	<input type="text" value="1743324"/>
Module Code	<input type="text" value="CM1202"/>
Submission Date	<input type="text" value="04/04/2019"/>
Hours spent on this exercise	<input type="text" value="60"/>
Special Provision	<input type="checkbox"/>

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Student number of submitting group member	<input type="text" value="1743324"/>
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Student Number	<input type="text" value="1822836"/>
Module Code	<input type="text" value="CM1202"/>
Submission Date	<input type="text" value="04/04/2019"/>
Hours spent on this exercise	<input type="text" value="10"/>
Special Provision	<input type="checkbox"/>

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Student Number	<input type="text" value="1824932"/>
Module Code	<input type="text" value="CM1202"/>
Submission Date	<input type="text" value="04/04/2019"/>
Hours spent on this exercise	<input type="text" value="10"/>
Special Provision	<input type="checkbox"/>

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Student Number	<input type="text" value="1826844"/>
Module Code	<input type="text" value="CM1202"/>
Submission Date	<input type="text" value="04/04/2019"/>
Hours spent on this exercise	<input type="text" value="18"/>
Special Provision	<input type="checkbox"/>

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Student Number	<input type="text" value="1828593"/>
Module Code	<input type="text" value="CM1202"/>
Submission Date	<input type="text" value="04/04/2019"/>
Hours spent on this exercise	<input type="text" value="50"/>
Special Provision	<input type="checkbox"/>

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