

Assignment Cover Sheet

Student ID*

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Postal Address (must be completed by all students)

Number & Street
or PO Box

1 / 367 New Canterbury Rd

Title

X Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr☐ Other _____

Surname*

BEBBINGTON

Suburb / Town

Dulwich Hill

Given Names*

KRIS

State

NSW

Postcode

2

2

0

3

Preferred Name
(optional)Country
(if outside Australia)

Are you an International Student*

☐ Yes

X No

Contact Phone 1

() 0484 626 843

Date of Birth

0

3

0

4

1

9

7

9

Contact Phone 2

()

Unit Code*

HIT237

Lecturer name*

BHARANIDHARAN

Unit Name*

BUILDING INTERACTIVE SOFTWARE

Assignment Title*

ASSIGNMENT 2

Charles Darwin University is unable to accept and process assignments without a completed assignment cover sheet.

PLEASE READ THE IMPORTANT INFORMATION ON THE REVERSE OF THIS FORM.

Due date*	Posting date *	Semester
28 MAY 2017	28 MAY 2017	<input checked="" type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Summer Semester
		<input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4

Have you applied for an extension?

☐ Yes

X No

Student Comments

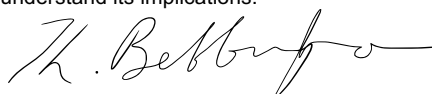
Lecturer Comments

Declaration

I declare that all material in this assessment is my own work except where there is a clear acknowledgement and reference to the work of others. I have read the University's Academic and Scientific Misconduct Policy and understand its implications.*

<http://www.cdu.edu.au/governance/policies/pol-001.pdf>

I agree X

I do not agree ☐


Send this form to: External Student Support, OLT, Orange 1.2.11, Charles Darwin University, NT, 0909

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