**CCT College Dublin**

**Assessment Cover Page**

*To be provided separately as a word doc for students to include with every submission*

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| **Module Title:** |  |
| **Assessment Title:** |  |
| **Lecturer Name:** |  |
| **Student Full Name:** |  |
| **Student Number:** |  |
| **Assessment Due Date:** |  |
| **Date of Submission:** |  |

**Declaration**

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| By submitting this assessment, I confirm that I have read the CCT policy on Academic Misconduct and understand the implications of submitting work that is not my own or does not appropriately reference material taken from a third party or other source. I declare it to be my own work and that all material from third parties has been appropriately referenced. I further confirm that this work has not previously been submitted for assessment by myself or someone else in CCT College Dublin or any other higher education institution. |