

# ASSESSMENT COVER SHEET



Student ID Number			
Given Name(s)		Surname	
Telephone Number		Email Address	
CIM Program of Study			
Course Title and Code			
Assessment Title			
Due Date & Time			
Course Lecturer/Tutor Name		Assessment Word Count (if applicable)	
Extension Granted: <input type="checkbox"/> YES <input type="checkbox"/> NO		Granted until (attached evidence for extension approval)	
<b>NOTE:</b> Students may expect that this assignment will be returned within 3 weeks of the due date of submission			
<b>DECLARATION:</b> I declare that this assessment item is my own work unless otherwise acknowledged and is in accordance with the Institute's <b>Academic Integrity and Honesty Policy</b> available on the website. I certify that this assessment item has not been submitted previously for advanced standing or academic credit in this or any other course. I certify that I have not given a copy or have shown a copy of this assessment item to another student enrolled in the course. I acknowledge that the Assessor of this assessment may, for the purpose of assessing this assessment task: <ul style="list-style-type: none"><li>• Reproduce this assessment task and provide a copy to another member of the Institute; and/or</li><li>• Communicate a copy of this assessment task to a plagiarism checking service (which may then retain a copy of the item on its database for the purpose of future plagiarism checking).</li><li>• Submit the assessment task to other forms of plagiarism checking.</li></ul>			
I certify that any electronic version of this assessment task that I have submitted or will submit is identical to this paper version.			
Student Signature:			
Date:			