COLLEGE OF SPORT & EXERCISE SCIENCE
ASSESSMENT RECORD SHEET

INFORMATION

Course name

Subject Name

Group/Title Number

Extension ☐No ☑Yes (Please attach completed form if applicable)

Assessment Title

Due Date

Lecturer

Student name

Student id Number

Assessment Partner/s (if applicable)

DECLARATION

1. I have read the plagiarism and collusion regulations in the handbook and I am thus aware of the penalties for plagiarism and unauthorised collusion with other students.

2. I have retained a hard copy and wherever possible a copy of this assignment.

Student Signature

PLEASE RETAIN THIS RECEIPT AS VERIFICATION OF LODGEMENT

Student Name

Student Id Number

Subject Title

Assessment Title

Authorised Signature

Authorised Name

Date