ASSESSMENT TASK COVER SHEET

Student Name: __________________________ Year: __________________

Subject: __________ Teacher: __________

Date of Assessment Task: __________________

ASSESSMENT TASK TITLE: ____________________________

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DECLARATION OF ORIGINALITY

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief it contains no material which has been copied or plagiarised from other sources including the internet, past student’s work and other printed material.

I have made and retained a copy of this original Assessment Task.

Signature of student .................................................. Date ..................................................

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Illness/Misadventure Appeal pending? YES/NO

If YES, number of days late: ________________

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STUDENT RECEIPT OF SUBMISSION
(Completed by Staff Member)

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SUBJECT: LATE: ☐ YES ☐ NO

STUDENT NAME: TIME SUBMITTED:

TASK TITLE: TEACHERS INITIALS:

DATE: TEACHERS SIGNATURE:

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