SCHOOL OF HEALTH AND SOCIETY, FACULTY OF SOCIAL SCIENCES

GROUP ASSIGNMENT COVER SHEET

All sections of this Cover Sheet need to be completed by students submitting an assignment for any subjects under School of Health and Society. Attach this Cover Sheet to the front page of assignment and deliver the assignment to School of Health and Society Office, Level 2, Building 41, Room 207.

Please note: Students MUST retain a copy of receipt until marked assignment has been collected by students or assignment marks have been allocated by assessor.

Student Names & Numbers

Name #1: ___________________________ Number: ___________________________
Name #2: ___________________________ Number: ___________________________
Name #3: ___________________________ Number: ___________________________
Name #4: ___________________________ Number: ___________________________
Name #5: ___________________________ Number: ___________________________
Name #6: ___________________________ Number: ___________________________

Subject Code & Name: ______________________________________________________
Assignment Title: ___________________________________________________________
Tutorial/Practical Group: ____________________________________________________
   (Day & Time) ____________________________________________________________
Tutor’s Name: _____________________________________________________________
Assignment Due Date: _______________________________________________________

Student Declaration and Acknowledgement:

By signing this, we declare that we have read the University guidelines and policy on plagiarism (available from http://www.uow.edu.au/about/policy/UOW058648.html), this assignment is entirely our work and un-plagiarised. The content of this assignment has not been submitted for assessment elsewhere.

By signing this, we also acknowledge the assessor of this assignment may record a copy of this assignment on text-matching service such as Turnitin for the purpose of future plagiarism checking. For the purpose of assessment, the assessor of this assignment may also reproduce and provide a copy of this assignment to another member of staff.

Student Signature: ___________________________________________ Date: _____________

Assignment Receipt  To be filled in and retained by student until assignment marks allocated by assessor.

Student Name: ___________________________ Student Number: ___________________________
Subject Name: ___________________________ Subject Code: ___________________________
Assignment Title: ________________________________________________________________
Tutor Signature: ___________________________ Date Submitted: ________________________
(Nominate one group member to keep the receipt)