

**COLLEGE OF SPORT & EXERCISE SCIENCE**
**ASSESSMENT RECORD SHEET**

INFORMATION	
Course name	
Subject Name	
Group/Title Number	
Extension	<input type="checkbox"/> No <input type="checkbox"/> Yes (Please attach completed form if applicable)
Assessment Title	
Due Date	
Lecturer	
Student name	
Student id Number	
Assessment Partner/s (if applicable)	

DECLARATION	
<p>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.</p> <p>2. I have retained a hard copy and wherever possible a copy of this assignment.</p>	
Student Signature	

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PLEASE RETAIN THIS RECEIPT AS VERIFICATION OF LODGEMENT	
Student Name	
Student Id Number	
Subject Title	
Assessment Title	
Authorised Signature	
Authorised Name	
Date	