

Assessment Cover Sheet

All written components must be submitted via the assessment drop box in your online class space

Student Name *

First Name

Middle Name

Last Name

Student ID Number

Email *

example@example.com

Phone Number

Please enter a valid phone number.

Courses *

Semester *

Unit Name *

Assessment Number *

Teacher Name

Due Date *



Day Month Year

Sign Here *

DECLARATION

I declare that this assessment is my own work, based on my own personal research/study. I also declare that this assessment has not been previously submitted for any other subject or course and that I have not copied in part or whole or otherwise plagiarised the work of another student and/or persons. I have read the BIA ACADEMIC INTEGRITY POLICY and understand its implications.

NOTE

It is a requirement for all students to retain copies of all parts of the assignment.