

Assessment Cover Sheet



Date: _____

Student Name:	
Student Number:	
Course Name:	
Unit Code:	
Unit Title:	
Trainer's Name:	
Assessment Task:	
Due Date:	

- I understand that I must keep a copy of all assessment tasks submitted.
- I confirm that the attached assessment task is my own work and that I have adequately referenced any sources of information used.
- I have not colluded with another student or person in the production of this assessment.
- I have not allowed another student to use or copy the work attached without the consent of my trainer.
- I understand that my assessment may be retained by Kinggdom Institute of Management and, where required, give permission for Kinggdom Institute of Management to copy my assessment.
- I give consent for Kinggdom Institute of Management to conduct any checks against my assessment for evidence of plagiarism or collusion.
- I understand that by providing a false declaration on this form, I may be in breach of Kinggdom Institute of Management's policies and procedures and my enrolment may be at risk of being suspended or cancelled (see Kinggdom Institute of Management's Policies and Procedures and Student Handbook for more information).

I confirm that I have read, understood and completed the *Assessment Cover Sheet* and am ready for assessment in this task.

Signature: _____ Date: _____

**** Please ensure that you have ticked all boxes, signed above to confirm that you have read, understood and completed this form BEFORE submitting your assessment ****

OFFICE USE ONLY			
Received by:	Initial:	Date:	/ / 20

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