

Date Submitted

SHRS Stamp



THE UNIVERSITY OF QUEENSLAND

School of Health and Rehabilitation Sciences
The University of Queensland
St Lucia, 4072 Australia

Student Number

Grid for Student Number

Course Code

Grid for Course Code

ASSIGNMENT COVER SHEET

Name: Due Date of Assignment:

Assignment Description:

Course Coordinator/Lecturer/Staff:

Extension applied for (if applicable): Yes No If yes, new submission date:

Method of Submission: Electronic Yes No Hard copy Yes No

Word Count: With references Without references

Statement of Original Authorship

I/We hereby declare:

- that this is my/our own original work, and that no part of this assignment has been copied from any other source or person except where due acknowledgement is made
no part of the work has been previously submitted for assessment in this or any other institution except where explicitly acknowledged
that I/We have read PPL 3.60.04, UQ's Student Integrity and Misconduct Policy and understand its implications

I/We understand that should this statement be found to be false, I/We will be subject to disciplinary action in accordance with the University's rules and policies.

Signature: Date:

Signature: Date:

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Signature: Date:

Please be advised that your work may be submitted through plagiarism detection software.

Note: When group work is involved, all members of the group must sign this Statement.

FOR STUDENT RECORD

Table with 2 columns: Date Submitted, Student Name, Student No, Assignment, Course Code. Includes SHRS Stamp.