



SCHOOL OF COMMUNITY HEALTH

ASSIGNMENT COVER SHEET

- Occupational Therapy Physiotherapy
 Podiatry Speech Pathology

Please print –

Student Name(s): _____

Student No(s): _____

Subject code: _____ Subject Name: _____

Subject Co-ordinator _____

Assignment Name/No: _____

Date handed in: _____

Extensions: Extensions may be applied for through special consideration application under *Academic Regulation 17.8* or direct negotiation with the subject co-ordinator.

COMPLIANCE STATEMENT INDIVIDUAL / COLLABORATIVE WORK

I/We certify that:

- 1) I/We have read and understood the Charles Sturt University Plagiarism Policy as outlined in the subject outline. And have been provided with the CSU guide to referencing to avoid unintentional plagiarism.
- 2) I/We understand there are penalties for academic misconduct which are listed in the Academic Regulations under Student Academic Misconduct Rule.
- 3) I/We declare this assignment is my/our own original work and represents my/our intellectual property. It does not contain the work of others without appropriate reference being made.
- 4) This assignment has not been submitted before by me or anyone else in this or any other subject at a tertiary level for assessment.
- 5) I/We acknowledge that this assignment may be kept in an archive file and may be subject to electronic scrutiny for academic honesty.

Name(s):

Signature(s):

Date:

NB. IF THIS IS A COLLABORATED ASSIGNMENT ALL PARTIES MUST SIGN THE COMPLIANCE STATEMENT