

Assignment/Practical Attachment Sheet

School of Optometry and Vision Science

THE UNIVERSITY OF
NEW SOUTH WALES



Date stamp

Student ID:

Course Code:

Course Name:

Assignment No:

Assignment Title:

Due Date:

Lecturer/Tutor:

I declare that this assessment item is my own work, except where acknowledged, and has not been submitted for academic credit elsewhere, and acknowledge that the assessor of this item may, for the purpose of assessing this item:

- Reproduce this assessment item and provide a copy to another member of the University; and/or,
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I certify that I have read and understood the University Rules in respect of Student Academic Misconduct.

Signed: Date:

Mark