

Faculty Date Stamp



ASSIGNMENT ATTACHMENT

Faculty of Business and Law
Institute of Koorie Education

NAME: _____

STUDENT ID:

UNIT CODE:

UNIT NAME: _____

UNIT CAMPUS: _____

CLASS DAY: _____ **CLASS TIME:** _____

**LECTURER/TUTOR/
DEMONSTRATOR:** _____

[ie. the name of the person that the assessment item is to be sent to]

DUE DATE: _____

ASSIGNMENT / PRAC No.: _____

ASSIGNMENT / PRAC NAME: _____

PLAGIARISM AND COLLUSION

Plagiarism occurs when a student passes off as the student's own work, or copies without acknowledgment as to its authorship, the work of any other person.

Collusion occurs when a student obtains the agreement of another person for a fraudulent purpose with the intent of obtaining an advantage in submitting an assignment or other work

DECLARATION

I certify that the attached work is entirely my own (or where submitted to meet the requirements of an approved group assignment is the work of the group), except where work quoted or paraphrased is acknowledged in the text. I also certify that it has not been submitted for assessment in any other unit or course.

SIGNED: _____ **DATE:** _____

An assignment will not be accepted for assessment if the declaration appearing above has not been signed by the author.

Assessment and Comments

| | Excellent | Good | Could be improved | Needs some work |
|-------------------------------|-----------|------|-------------------|-----------------|
| Reading & Research | | | | |
| Breadth | | | | |
| Depth | | | | |
| Level of Complexity | | | | |
| Argument | | | | |
| Addressing of Question | | | | |
| Independence & Originality | | | | |
| Development of Argument | | | | |
| Clarity | | | | |
| Presentation | | | | |
| Referencing | | | | |
| Bibliography | | | | |
| Prose, Style & Expression | | | | |
| Legibility & Layout | | | | |

Length: Too Short Too Long About Right

| | | | |
|---------------------|---------|--------------|---|
| Comments by Marker: | Result: | Date Marked: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
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