


Student Assessment Cover Sheet



 **MAIL TO:** WelTec, Private Bag 39814, Lower Hutt 5045, New Zealand

 **0800 935 832**

 **www.weltec.ac.nz**

Legal Surname or Family Name(s)

Preferred Name(s)

Assessment Title

(Please enter your Assessment Title and Due Date)

School of

(Please enter the name of the School your Programme belongs to)

Programme Code and Title

(Please enter your Programme code eg HVXXXX)

Course Code and Title (and class if needed)

(Please enter your Course code eg IDXXXX)

Tutor

(Please enter your Tutor's name)

Declaration:

This assessment is my own original work. I have acknowledged contributions from other sources using the APA reference format.

Legal First or Given Name(s)

WelTec Student ID

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Due Date

Office Use Only

Received on behalf of the School (date stamp)

Student's Signature

Date

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Student to complete this section.

This part of the Assessment Cover sheet is retained by the School as proof that your assessment was handed in.

Assessment Title

(Please enter your Assessment Title and Due Date)

Programme Code and Title

(Please enter your Programme code eg HVXXXX)

Course Code and Title (and class if needed)

(Please enter your Course code eg IDXXXX)

First Name(s)

Surname or Family Name(s)

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Preferred Name(s)

WelTec Student ID

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Due Date

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