



## Student Internal Assessment Cover Sheet

Name of Faculty/or Department	
Achievement/Unit Standard Number	
Title of Achievement/Unit Standard	

### Title of Assessment

Reassessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Number of Credits	
Resubmission	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Time Allowed	
Assessment Date or Due Date			Teacher in Charge	

#### Authenticity Statement

**Student:** I understand that the work I submit for this assessment must be my own. I understand that if it was appropriate to source information then that information must be acknowledged in the appropriate manner. I understand that I may be required to identify my sources if there is any question about the authenticity of this work. I have acknowledged all direct quotes and references in this assignment. I have acknowledged that plagiarism and/or collusion will result in disciplinary action which may make me ineligible for a grade in this standard.

Student Name:	Form Class:
..... <i>Student Signature</i>	Date:

Date handed in		Time handed in	AM/PM
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..... <i>Teacher Signature</i>	Date:
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#### School Use Only

<b>OFFERED</b> Reassessment date		Reassessment <b>NOT</b> Offered <i>add instructions below</i>
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Add your specific Reassessment **NOT** Offered instructions here:

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