

The Brisbane North Institute of TAFE is collecting information on this form in accordance with the Information Privacy Act 2009. The institute is using this information to identify ownership and proof of submission of assignment. Only authorised departmental officers will have access to this information and your personal details will not be given to any other third party without your written consent, unless authorised or required by law.

## STUDENT:-

Is it a re-submission?  YES  NO (tick)

- Complete Sections A & C (please print)
  - Attach to the assignment & put it in the assignment box or hand it in to the relevant teacher
  - **KEEP A COPY**
  - Retain Section C as proof of submission ensuring it is signed by the admin officer or teacher
- Note:** If deemed necessary by the assessor, you may be required to answer questions about the content of this submission.

RECEIVED	
<b>CLASS GROUP:</b>	_____
<b>NAME:</b>	_____
<b>DATE:</b>	/    /
(To be completed by BNITstaff)	

## SECTION A - Student Details *(This section must be completed by the student and retained by the Teacher/Trainer)*

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_  
 Qualification Code and Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Teacher Name: \_\_\_\_\_  
 Competency Code and Name: \_\_\_\_\_  
 Assignment Title and Number: \_\_\_\_\_ Due Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**DECLARATION:** I confirm that the attached work is entirely my own, except where other writers have been referenced. I confirm that this assignment has not been submitted before at BNIT or other institutions. I understand that plagiarism and other forms of cheating will result in academic penalty.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## SECTION B – Educational Use Only *(This section must be completed by the Teacher/Trainer)*

- Satisfactory completion of work  
 Unsatisfactory completion of work

Performance Level Assessment:-  Exceptional  Advanced  Proficient

FINAL GRADE
If this is the only assessment
_____

Assessor: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Name) (Signature)

**FEEDBACK:** The assessor **shall** provide written feedback to the student on the "Assessment Feedback" IF072 form.

**EXTENSIONS:** To request an extension or modification to assessment, students must complete and submit IF142 form. Application shall only be considered by the Education Business Manager



## SECTION C - Acknowledgement of Receipt *(This section must be completed and retained by the student)*

Student Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Teacher Name: \_\_\_\_\_  
 Competency Code/Name: \_\_\_\_\_  
 Assignment Title/Number: \_\_\_\_\_

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<b>NAME:</b>	_____
<b>DATE:</b>	/    /
(To be completed by BNITstaff)	