



## Assessment Coversheet

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Subject: \_\_\_\_\_ Course Coordinator: \_\_\_\_\_

Year: \_\_\_\_\_ Assessment Task Number: \_\_\_\_\_

Due Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Student Signature: \_\_\_\_\_

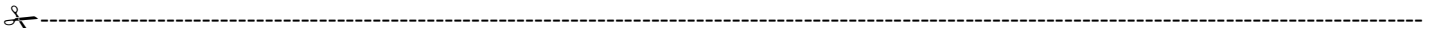
Assessment task uploaded via Google Classroom:    YES        NO

*By signing this form you acknowledge that the work you are submitting is free from plagiarism and you are adhering to the Western Access Program Assessment Policy.*

Appeal form submitted:     YES     NO

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Staff Signature: \_\_\_\_\_



**STAFF MEMBER** please complete and detach this section and file for receipt of task.

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

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Student Signature: \_\_\_\_\_ Appeal form submitted:     YES     NO

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Staff Signature: \_\_\_\_\_