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ASSIGNMENT COVER SHEET

Please complete all areas of this form, sign, and attach to each submitted assignment. Submit each assignment according to the instructions provided in your Course Outline.

A. STUDENT/S TO COMPLETE

Program Name:	Course Name:
Student ID Number:	Student Names:
Postal/ Email Address:	Phone Number:

Assignment Number	Lecturer Name:
Date Due:	Date Submitted:

Declaration

I declare that this assessment item is my own work, except where acknowledged, and has not been submitted for academic credit elsewhere, and acknowledge that the assessor of this item may, for the purpose of assessing this item:

Reproduce this assessment item and provide a copy to another member of the University and/or;

Communicate a copy of this assessment item to the University for Marking

I certify that I have read and understood the University Rules in respect of Student Academic Misconduct.

Student Signature:

Date:

B. MARKER TO COMPLETE

Mark/Grade

Lecturer's Comments