

Module Coordinator: _

Assignment Submission Form (Undergraduate)

The School's procedures for the submission of assignments are as follows:

- Submit one copy of your assignment (with this Assignment Submission Form attached to the front) into the Undergraduate Assignment Box located outside the Programme Office, Room B1.06
- Submit one copy electronically via Blackboard Assignment
- > **One** copy to be kept on file by the student
- > Ensure that you have read the University's Policy on Late Submission of Coursework
- For information on all School policies and procedures visit: http://www.ucd.ie/nmhs/currentstudents

Assignment Title:

- Note: the Programme Office cannot provide Assignment Submission Forms, staples or paperclips
- > No envelopes or plastic pockets please (unless stipulated by module coordinator)

Module Title:	Word Limit:		Actual	Word	Count:	
 Plagiarism Declaration: I have read and fully understand the UCD School of Nursing, Midwifery & Health Systems: Policy on Plagiarism which was available to me. I recognise that a plagiarised project (in whole or in part) may be subject to the penalties as outlined in the School of Nursing, Midwifery & Health Systems Policy on Plagiarism and the UCD Plagiarism Statement: Plagiarism Policy and Procedures. I have not previously submitted this work, or any version of it, for assessment in any other subject in this, or any other, institution. I have read and understand the UCD School of Nursing, Midwifery & Health Systems Referencing Guidelines and have used the appropriate citation index. I have not plagiarised any part of this project and it is my original work. 						
Student Signature:	Student	Student No.:				
Full Name PRINT:	Date:	/_	/			
FOR OFFICE		E				
Structure and Focus	5 4	3	2	1		
 Range and Accuracy of Knowledge 		3				
 Presentation e.g. Layout, spelling, grammar etc. 	5 4	3	2	1		
• Quality of Argument and Expression	5 4	3	2	1		
 Writing Style 	5 4	3	2	1	GRADE	
 Sources e.g. References to supporting literature 	5 4	3	2	1		
Comment						
Signed:	Date:	_/_	/_			
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