



Distance Education and Learning Technologies

Course Name and No.
Instructor(s)
Assignment No.
Semester

ASSIGNMENT COVER SHEET

[If this form is not properly completed, it will delay the processing of your assignment.]

Personal Data:

_____	_____
Surname/Given Name(s)	Student No.
_____	_____
E-mail Address	Telephone No.

Guidelines:

1. Assignments may be handwritten in ink or typed.
2. An "Assignment Cover Sheet" **must be completed** and attached to each assignment submitted.
3. Assignments are to be completed according to your course schedule and submitted to:

*Distance Education and Learning Technologies
G.A. Hickman Building
Memorial University of Newfoundland
St. John's, NL Canada A1B 3X8*
4. Please print your Name, Address, Course, Assignment Number, and your Instructor's Name on the upper left corner of your envelope.

COMPLETE the portion below as it will be used in the return of your assignment.

Name: _____

Address: _____

Postal Code: _____

FOR OFFICE USE ONLY
Mark: _____ Marker's Initials: _____
Comment(s): _____

Memorial University protects your privacy and maintains the confidentiality of your personal information. The information requested in this form is collected under the authority of the Memorial University act (RSNL 1990 Chapter M-7) and is used for the purposes of academic and student services administration. Questions about the collection and use of this information may be directed to the Services Coordinator at 709-737-3532.

Students are advised to retain a copy of their assignment in case the original is lost or damaged in transit.