

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

## SUBMISSION DETAILS

Submission Date: \_\_\_\_\_

Assessment Level:  Cert III in Fitness  Cert IV in Fitness  Dip Fitness  Dip SRM

Current Term:  Term 1  Term 2  Term 3  Term 4 YEAR \_\_\_\_\_

Name of Assessment: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_

Due Date: \_\_\_\_\_

## STUDENT DECLARATION

I confirm by checking this box that, as a student of the Australian College of Sport and Fitness, the work I have submitted is completely my own and has not been plagiarised from any sources or completed by any other person than the individual stated above. I have kept a copy of this assessment for my own records. I understand that there are penalties if this assessment is submitted after the stated due date, unless I have otherwise received approval for an extension to the due date.

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