

Attach this cover sheet to your assignment and submit to the CSE Student Office (K17-Ground, 9:30am-4:30pm). This form requires a staff member from the Student Office to sign and stamp this cover sheet. You will be provided with a receipt for your records.

Section 1.1 Details

	Student Number										
First	FAMILY										
	Student Number										
First	FAMILY										
	Student Number										
First	FAMILY										
Tutorial Details											
eg. MON 16 EVEN											
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
Day	Time	Even or Odd									

We declare that this assignment is our own original work. Indicate percentage input if not equal.

Signatures

Section 3.1 – Assessment - Tutor use only

Issues Table	
Final Mock Ups	
Annotated Justification	
Total	

Comments:

OFFICE USE ONLY
RECEIVED BY: _____
SIGNATURE: _____ (CSE stamp here with date of receipt)

✂ (office only cut here)-----

SECTION 2 – Student Receipt

HCI 2004 – ASSIGNMENT 3.2 - MUSEUM INTERACTIVE

Student Numbers						

Please retain this receipt until after your final results for this session have been confirmed.

OFFICE USE ONLY
RECEIVED BY: _____
SIGNATURE: _____ (CSE stamp here with date of receipt)