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THE UNIVERSITY OF NEW SOUTH WALES

SCHOOL OF MEDICAL SCIENCES FACULTY OF MEDICINE

Assessment cover sheet

Document Title:			
Attention: <small>(name of instructor in capital letters)</small>			
Course Code & Number:		Student Number	
Family Name:			
Given Name:			
Word count:		Date of Submission	

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Signature: _____

Assessor's comments:

Assessor: _____

Signature: _____

Date of Assessment: / /

Result of Assessment: _____