

(Partners to insert Logo/name)

Assignment and Examination Despatch Report

TSS Clerical Officer	
Despatch Date (from Partner's Office)	
Full Name of Program (Degree)	
Full Name of Course (Subject)	
Assignment Number: (e.g. 1 or 2)	
Semester/Study Period	
Intake Details eg: BGMT 3	
Submission Deadline	
Lecturer's Name	
Program Manager (Partner)	
Moderation Required	YES <input type="checkbox"/> NO <input type="checkbox"/>
Submission Details	
Class/Attendance List Attached (tick if applicable)	<input type="checkbox"/>
No. of Assignments	
No. of Examination Scripts	
Comments: (e.g.: Deferred Exam/Late Assignments)	

Date Received: TSS

Date Received: UniSA School Office

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