**MAURITIUS INSTITUTE OF EDUCATION**

### Réduit

###  7th Floor – MIE Tel: (230) 4016555

 New Building Fax: (230) 467 5158/454 1037

**Assignment Due Date Form**

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

From : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. *Please ensure that you adhere to due dates set by the Programme Coordinator for modules that cut across the programme.*
2. *Any change in date should be effected in consultation with the Programme Coordinator.*
3. *For modules related to the department, any change should be approved by the Head of Department.*
4. *A copy of this form should be sent to the Head of Department.*

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| --- | --- |
| Programme |  |
| Module Title |  |
| Module Code |  | Due Date |  |
| Time colles |  |
| Name of Lecturer/s |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Title of Assignment |  |
|  |
|  |
|  |
| No of Students: | *please (✓) as appropriate* | Individual/Group *(attachment if any)* |
| No of Resit students: | Assignment | CD | Project |

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