**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 |  |  | | | | | |
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| Title of Assignment |  | | | | | | |
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| No of Students: | *please (✓) as appropriate* | | Individual/Group *(attachment if any)* | | | | |
| No of Resit students: | Assignment | | CD | | Project |

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