



Virginia Beach Higher Education Center
2 – WAY CLASSROOM

TELECOURSE ASSIGNMENT COVER SHEET

Do not write or mark in this space.

Where does your instructor want this sent? *(Check one)*

- | | |
|--|---|
| <input type="checkbox"/> Old Dominion University
<i>(Main Campus)</i> | <input type="checkbox"/> Peninsula Center |
| <input type="checkbox"/> Virginia Beach Center | <input type="checkbox"/> Northern Virginia Center |
| <input type="checkbox"/> Tri-Cities Center | <input type="checkbox"/> Other: _____ |

Course & Student Information: *(Please fill out clearly and completely)*

Course Prefix and Number: _____ <i>(i.e., ENMA 602 or HMSV 339)</i>	Student Name: _____ <i>(Last, First)</i>
Instructor's Name: _____	Phone Number: _____
Date Due: _____	Student E-mail: _____

Assignment *(please choose one)*

- | | |
|---|--|
| <input type="checkbox"/> Exam/Test/Quiz (X) # _____ | <input type="checkbox"/> Project/Paper (P) # _____ |
| <input type="checkbox"/> Homework (HW) # _____ | <input type="checkbox"/> Other <i>(Pls. Specify)</i> (O) # _____ |

Student Comments:

Faculty Comments:

Honor Pledge: _____ Date: _____