

**Distance Learning and Continuing Education  
Assignment Cover Page  
Complete and Return with Each Assignment**

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

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

Re: Course # and Name: \_\_\_\_\_

Assignment \_\_\_\_\_

FROM: Name \_\_\_\_\_

Student Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Reminder: Keep a copy of your assignments for reference and to discuss with your instructor.

Send your assignments to:

Name of Instructor  
Mount Saint Vincent University  
166 Bedford Hwy  
Halifax NS B3M 2J6

OR

Fax to: 902-443-2135

Instructor's Comments to Student


Instructor to Complete:

Grade: _____
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