	FOR OFFICIAL USE					
	National Qualification 2024	ns			Mai	ſĸ
External Assessr	nent	Appl	icat	ions o	f Mathe	ematics
Flyleaf						Project
X844/76/02					* X 8 4 4	7602*
Fill in these boxes and sig	n the candidate dec	laration bel	low.			
Full name of centre			Town			
Forename(s)			Surnaı	me		
Date of birth Day Month	Year	Scottish can	didate	e number		
Candidate declaration						
I confirm that:						

- I have read SQA's Your National Qualifications booklet and understand its contents.
- I understand that SQA may reduce or cancel my grades where I have not followed the rules specified in the *Your National Qualifications* booklet.
- the coursework submitted with this declaration is all my own work with all sources of information clearly identified and acknowledged.
- I understand that SQA may impose a penalty on my award if I have exceeded the maximum word count.
- I understand that this coursework will be submitted to SQA for marking.

Signature	Date

Please turn over to complete





For centre completion



In ticking this box it is confirmed that any potential child welfare concerns arising from the content of the materials enclosed are being or have been addressed.

Title of Project	Word count (Max 2200)

For SQA Use Only

Applications of Mathematics Higher Project

	Total Marks	Marks Awarded
Introduction	6	
Subjective impression	8	
Analysis and interpretation	6	
Conclusion	4	
Presentation	6	
Total Marks	30	

