

APPLICATION FOR CONSIDERATION OF MITIGATING CIRCUMSTANCES

FULL NAME				
STUDENT ID				
PROGRAMME OF STUDY				
YEAR OF STUDY		SEMESTER Please tick	1	2

MODULES AFFECTED BY MITIGATING CIRCUMSTANCES

Please list each assessment separately and indicate if the work has been missed or affected

Module Code	Type/Name of Assessment (e.g. Essay 1, Project, Dissertation)	Coursework		Exam		Date of Exam Coursework Deadline (dd/mm)
		Missed	Affected	Missed	Affected	

Details of mitigating circumstances

Please provide a **detailed** description of the mitigating circumstances that may have affected your performance in the above modules, including the time-period over which these circumstances occurred. **It is important to provide as much information as possible for the Mitigating Circumstances Committee to consider your application. Simply stating 'I was ill' is not enough.**

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.....(Continue on next page)

Details of mitigating circumstances/contd

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Supporting documentation

Please list all the supporting documentation of your claim and all documentation should be stapled to this form. Medical claims should be supported by a GP's medical note or Consultant's report, other claims should be supported by appropriate documentation (for example, police reports, insurance reports). **It is important to be specific with your evidence. For example, a general claim of illness in Semester 1 will not be accepted as evidence for under performance in Semester 2.**

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Student declaration

I confirm that all the information contained in this statement is accurate and complete to the best of my knowledge. I consent to the information being used by the Mitigating Circumstances Committee, and understand that the information will be treated in the strictest confidence.

Signature of student: Date:

FOR USE BY THE CHAIR OF THE MITIGATING CIRCUMSTANCES COMMITTEE ONLY

I recommend that the following action be taken in respect of this claim:

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Signature of Chair: Date: