



ABC Campus Mitigation Request Form

Section 1: Student Information

Name:

Student ID:

Batch Number:

Course:

Lecturer Name:

Contact Information:

Email:

Date of Request:

Section 2: Assignment Details

Assignment Title:

Original Due Date:

Module Code:

Section 3: Reason for Mitigation Request

- Medical Reasons
- Family Emergency
- Technical Issues
- Personal Reasons
- Other(Description is Required)

Description of Reason:

Supporting Documentation:

- Medical Certificate

- Death Certificate
- IT Support Ticket
- Personal Statement

Attach Here :

Potential Impact on Academic Performance:

Explanation:

Section 4: Approval and Review

Instructor/Advisor Review:

Name:

Title:

Department:

Contact Information:

Phone:

Email:

Approval Status:

- Approved
- Denied
- Pending
- Comments:

Signature

Date

Section 5: Post-Mitigation Review (To be filled out after new due date or resolution)

Date of Review:

Outcome of Mitigation:

Description of Results:

Additional Comments

Signature

Date