**Mitigating Circumstances Form**

**Section 1: Student’s Personal Details**

|  |  |  |
| --- | --- | --- |
| **Full Name:** |  | |
| **Student Number:** |  | |
| **Programme:** |  | |
| **Year/Level of Study:** |  | |
| **Contact Address:** |  | |
| **Telephone Number:** |  | |
| **Email Address:** |  | |
| I confirm that, to the best of my knowledge, the information given on this form is a true and accurate statement of my exceptional personal circumstances. I accept that a false claim may result in disciplinary action being taken against me. | | |
| **Signed:** | | **Date:** |

----✂---------------------------------------------------------------------------------------------------------

**Section 2: Receipt to be Returned to Student**

|  |  |
| --- | --- |
| **Student Name:** |  |
| **Student Number:** |  |
| **Programme:** |  |
| I acknowledge receipt of the completed Mitigating Circumstances Form. | |
| **Date received:** |  |
| **Staff name** *(please print)***:** |  |
| **Staff signature** |  |

**Section 3: Details of the Modules and Assessments Affected by Mitigating Circumstances**

Please give details of each assessed component of module(s) affected by your mitigating circumstances and the relevant Code for the effect on your work You must include all modules affected. Please start a new line for each assessed component.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Module Number** | **Module Title** | **Assessment Type** | **Exam or Submission Date** | **Code(s)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Section 4: Details of Mitigating Circumstances**

Please describe clearly and concisely the factors that you believe have adversely affected your academic performance in the assessments listed in Section 3 above.

|  |
| --- |
|  |

**Section 5: Evidence Attached**

Please list all documentary evidence (letters, certificates etc) attached to this form.

|  |
| --- |
|  |

**Section 6: *For School Administrative Use Only***

|  |  |  |
| --- | --- | --- |
| **Date received:** | 25th April 2015 | |
| **Date considered:** | 08th May 2015 | |
| **Decision:** | **ACCEPT / REJECT** *(delete as appropriate)* | |
| **Recommendation to Examining Board:** |  | |
| **To be signed and dated by the Chair of the Mitigating Circumstances Committee** | **Signed:** |  |
| **Date:** |  |
| **Date of notification of outcome to student:** |  | |