APPLICATION FOR CONSIDERATION OF MITIGATING CIRCUMSTANCES

Full Name: ___________________________  Student ID: ________________

Programme of study: __________

Personal Tutor: ___________________

Year 1  ☐  Year 2  ☐  Year 3  ☐  Year 4  ☐  MSc  ☐

Modules affected by Mitigating Circumstances

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<tr>
<th>Module Code</th>
<th>Module Title</th>
<th>Date of Assessment</th>
<th>Missed/Affected</th>
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Details of Mitigating Circumstances
Please provide a description of the mitigating circumstances that may have affected your performance in the above modules, including the time period over which these circumstances occurred. Please state what aspect(s) of the assessment you feel have been affected.

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Supporting documentation
Please list all the documentation provided in support of your claim. The documentation should be stapled to this form. Medical claims should be supported by a medical note, other claims should be supported by appropriate documentation (for example, police reports, insurance reports).

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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:

……………………………………………………………………………………………………………

Signature of Chair: ___________________________  Date: __/__/____