



APPLICATION FOR CONSIDERATION OF MITIGATING CIRCUMSTANCES

Full Name: _____

Student ID: _____

Programme of study: _____

- Year 1
- Year 2
- Year 3
- Year 4
- MSc

Personal Tutor: _____

Modules affected by Mitigating Circumstances

Module Code	Module Title	Date of Assessment	Missed/Affected

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:

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Signature of Chair: _____

Date: ___/___/___