

Extenuating Circumstance Application Form

STUDENT DETAILS:	
Name (in full):	
Student Number:	
Course title:	

Please note:

- Ensure that you read the Extenuating Circumstance Policy ([add link](#))
- Forms can only be submitted 10 working days before the examination or submission date for applications for Deferral or Extension. Forms received within 10 working days will not be considered and will be automatically rejected.
- Forms can only be submitted up to working days 10 days after the assessment deadline / exam for applications for mitigation
- Claims with missing information will not be considered and will be automatically rejected.
- The application will be only considered for the specific module(s) and assessment attempt(s) you list on the table below.

Confirmation of which application you are making:				
<i>Please tick below:</i>				
<ul style="list-style-type: none"> • Deferral • Mitigation • Extension 	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 50px; height: 20px;"></td></tr> <tr><td style="width: 50px; height: 20px;"></td></tr> <tr><td style="width: 50px; height: 20px;"></td></tr> </table>			
<p>If you are making an application for Extension please confirm the time period you are requesting _____ (the maximum time period is 10 working days)</p>				

Module and Assessment Details:							
Module Code	Module Title	Semester in which the module is registered	Assessment Type (eg: Exam/ Coursework/ In-Class Test/ Presentation)	Type of Request (You must select a code. See Below*)	Coursework Deadline	Date Coursework submitted	Date of Exam/ Test/ Presentation

Code	Assessment type
1	Formal scheduled examination
2	Coursework (includes dissertation/projects)
3	Coursework (includes dissertation/projects)
4	In-class test, oral test, presentation or similar
5	All assessments within the module

Clear Statement of Grounds:

Please provide information to support your application. In particular, provide a clear statement of the grounds for request, a list of any person who is known to have relevant information

Evidence Submitted:		
Please note that forms submitted with no supporting documentary evidence will not be accepted		
Type of evidence submitted:	Tick:	Dates covered by evidence:
Doctors Note		
Police letter or form		
Letter from employers (Part-time students only)		
Death Certificate		
Letter from Counselling Service		
Other (please specify)		

STUDENT DECLARATION

I confirm that I have read and understood the Extenuating Circumstance Policy.

I confirm that the information provided on this form is true and correct. I understand that any false information will render my claim invalid.

Name	
Signature	
Date	

FOR OFFICE USE ONLY

Date Received	
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