|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Full Name:  | 2 | Date:  |
| 3 | Course: Level/Year:  | 4 | Faculty: |
| 5 | Student ID: |
| 6 | What are you applying for? (Tick) | Extension |  | Mitigation |  |
| 7 | Dates over which circumstances apply:  | From:  | To:  |
| 8 | Modules & Assessment affected (please list and tick the form of assessment and ensure you have listed the exact module title). Please note it is your responsibility to ensure you have listed ALL modules and components that are affected. |
| Module Title | Module Tutor | Original Date of Assessment | Type of Assessment (if ‘Other’, please indicate type in section 9 below) |
| a) |  |  |  | Exam |  | Coursework |  | Other |  |
| b) |  |  |  | Exam |  | Coursework |  | Other |  |
| c) |  |  |  | Exam |  | Coursework |  | Other |  |
| d) |  |  |  | Exam |  | Coursework |  | Other |  |
| 9 | Please describe the circumstances and how they affected your work in more detail (continue on a separate sheet if necessary): |
|  |
| 10 | Please indicate the nature of evidence attached: |  |

***Please ensure all boxes above are completed and that you have attached evidence. Please submit the form to your Faculty extenuating circumstances contact (as detailed in your Course Handbook).***

|  |
| --- |
| Professional Suitability/Professional Misconduct: For courses adhering to professional suitability or professional misconduct regulations, this form must be signed by your Course Leader. |
| Signed by (Course Leader) | Print Name:  | Sign: | Date:  |

**For office use:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Extensions Only**  | Extension Granted – Please indicate new assessment date, per module stated in section 8 above | Signed | Print Name | Job Title |
| a) |  |  |  |  |
| b) |  |  |  |  |
| c) |  |  |  |  |
| d) |  |  |  |  |
| If an extension has not been granted, please indicate why: Is a Mitigation Panel decision required in respect of any other components stated in section 8 above? |
|  |  |  |  |
| Form Received By |  Print Name:  | Sign: | Date:  |
| Evidence attached (please tick) | Yes | No |
| Passed to Mitigation Panel Secretary (mitigation only) | Date:  |
| Date of Mitigation Panel (if appropriate) | Date: |
| Student informed of outcome | Date: |
| Copy of correspondence in student file | Date: |
| Date of Board of Examiners | Date: |