

APPLICATION FOR CONSIDERATION OF MITIGATING CIRCUMSTANCES

*Important Note: Prior to completing this form you are advised to carefully read the accompanying procedure for the consideration of mitigating circumstances.*

**Student Number: Name:**

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**Address:**

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| **Telephone:** |  |  |  |  |  |  |  |  |  |  |  | **Date of Birth:** |  |  |  |  |  |  |

**Course Title:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Type:** | Higher Certificate |  | **Year of Course:** |
| *(Please tick)* | Degree |  | *(1, 2, 3 or 4)* |
|  | Degree (Honours) |  | **Exam Session:** |
|  | Other |  | *Sem 1/Sem 2/Autumn* |

**Examination subject/modules(s) you wish to have considered:** *(Please insert exact title of examination paper)*

1.

2.

3.

4.

5.

6.

**Grounds for Appeal**

Indicate the grounds for mitigation: ***(Please tick)***

1. Certified unexpected illness 
2. Death or serious illness of a close relative or a close friend 
3. Other reason 

*Please note:*

**Statement of circumstances** *(Please write clearly and legibly)*

***Please continue on a separate sheet if necessary***

Please attach relevant documentation to this form. Medical certification is appropriate for illness, and a death notice or letter from an appropriate person in the case of death

I declare that the above is a true and accurate account of events.

Signed: Date:

This appeal is valid only when signed by the applicant

**For Office Use Only Date received: Receipted:**  **Entered:** 