**Mitigating Circumstances Form**

**Learner’s Personal Details**

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| --- | --- | --- |
| **Full Name:** |  | |
| **Unique Learner Number:** |  | |
| **Qualification:** |  | |
| **Contact Address:** |  | |
| **Telephone Number:** |  | |
| **Email Address:** |  | |
| I confirm that, to the best of my knowledge, the information given on this form is a true and accurate statement of my exceptional personal circumstances. I accept that a false claim may result in disciplinary action being taken against me. | | |
| **Signed:** | | **Date:** |

**Details of the Modules and Assessments Affected by Mitigating Circumstances**

Please give details of each assessed units affected by your mitigating circumstances.

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| --- | --- | --- | --- |
| **Unit Number** | **Unit Title** | **Assessment Type** | **Exam or Submission Date** |
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**Details of Mitigating Circumstances**

Please describe clearly and concisely the factors that you believe have adversely affected your academic performance in the assessments listed in the above section

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**Evidence Attached**

Please list all documentary evidence (letters, certificates etc) attached to this form.

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***For Administrative Use Only***

|  |  |  |
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| **Date received:** |  | |
| **Date considered:** |  | |
| **Decision:** | **ACCEPT / REJECT** *(delete as appropriate)* | |
| **Assessment Board:** |  | |
| **To be signed and dated by the Chair of the Mitigating Circumstances Committee** | **Signed:** |  |
| **Date:** |  |
| **Date of notification of outcome to Learner:** |  | |