

- *INSERT COLLEGE NAME*
- *COLLEGE ABBREVIATION* CPR QS09

Application for Mitigating Circumstances or Special Consideration

	College Student						
Title	ID	Given Name		Family Name			
UK Add	dress (or equivalent)						
College abbreviation Programme Title							
Module	Code						
Module	Title						
Acaden	nic Staff Member						
Please identify the Assessment Type by placing an [X] in the applicable box below							
Assess	ment Type	[] Coursework	[] In Class Test	[] Mid Term Exa	[] am Final Exam		
Date of	Assessment						
Appropriate evidence such as a medical certificate, a letter from a student counsellor, or other documentary evidence must accompany any application for special consideration @.							
Reason for request for Special Consideration / Mitigating Circumstances (Please outline the details below and ensure you attach the appropriate documentary evidence.)							
Have you attached the supporting documentary evidence?			[]Yes	[] No			

PLEASE NOTE: Submitting an application for special consideration does not guarantee special consideration will be granted.

Student Declaration: I declare that all information included in this application is correct and factual the best of my ability and knowledge.					
Student Signature	Date				
	<u> </u>				

For Office Use Only

Signature of receipt by Academic Services team						
Date						
Signature of approval by the Manager of Academic Services						
Date						
Has Special Consideration/Mitigating Circumstances been approved by						
Manager of Academic Services?						
	[] Yes	[] No				
Has Attendance Record been amended (if applicable)?						
Has the Academic Sessional(s) been notified?						
Any other Comments (please us the space below)						
	Date	Date n approved by [] Yes				