EXTENUATING CIRCUMSTANCES FORM

SECTION A

Please complete this form with reference to the Policy and Procedure on Extenuating Circumstances

Full Name:	**Student Number:**
Programme:	**Year of Study:**
School:	**Mode of Study:**

Assessment affected:

Course Code	**Type of assessment affected**	**Assessment date/deadline**	**Request being made: e.g. *Extension/ Deferred Exam/ Leave of Absence/ interrupting of studies***

Date of circumstances	
Start:	**End:**
List of independent Evidence attached:	

Declaration: I confirm that all information completed on this form is honest and accurate to the best of my knowledge. I confirm that I have read and understood the Extenuating Circumstances Policy and Procedures.

Signed: _____ Date: _____

SECTION B: OFFICIAL USE:

DEAN	**DEPUTY VICE CHANCELLOR (in case of appeal)**
Decision: Approved [ ] Disapproved [ ] **Comment:**	**Decision:** Approved [ ] Disapproved [ ] **Comment:**