

University of Northampton International College UNIC CPR QS09

Application for Mitigating Circumstances or Special Consideration

Title	*College* Student ID	Given Name		Family Name			
UK Add	dress (or equivalent)						
College abbreviation Programme Title							
Module Code							
Module Title							
Acader	mic Staff Member						
Please identify the Assessment Type by placing an [X] in the applicable box below							
Assess	sment Type	[] Coursework	[] In Class Test	[] Mid Term Exa	m Final Exam		
Date of	f 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 fac	ctual the best of m	v ability and knowledge.
Student Signature	Date	<i>,</i> ,
For Office Hee Only		
For Office Use Only		
Circumstance of managing has Appelled Committee to an		
Signature of receipt by Academic Services team		
Name Date		
Signature of approval by the Manager of Academic Services		
	T	
Name		
Has Special Consideration/Mitigating Circumstances been approved by Manager of Academic Services?	[] Yes	[] No
Has the student been notified?	[] Yes	[] No
Has Attendance Record been amended (if applicable)?	[] Yes	[] No
Has the Academic Sessional(s) been notified?	[] Yes	[] No
Any other Comments (please us the space below)		•