

**MITIGATING CIRCUMSTANCES CLAIM FORM
(NOT EXTENSIONS, please use form MC2)**

To be completed in all cases where assessed work is affected. Independent evidence is normally required if adjustments to exams, tests or coursework are sought.

See details at: <http://newton.ex.ac.uk/handbook/ALL/MitigatingCircs.html>

SECTION A STUDENT PERSONAL DETAILS

| | |
|---|------------------------------------|
| Surname: | Student No: |
| Forenames: | Candidate No: |
| Programme of Study: | Email address: @exeter.ac.uk |
| Name of Personal Tutor: | Stage/Year: |
| Do you have an Individual Learning plan (ILP) from AccessAbility? | YES / NO |
| Are you under the Health, Wellbeing and Fitness to Study procedure? | YES / NO |

SECTION B NATURE OF MITIGATING CIRCUMSTANCES

| | |
|---|--------------------------------|
| Illness or disability at the time of assessment eg examination, module test, date for submission of work, practical class (lab) | YES / NO * |
| Unusually severe mental/emotional distress before the time of the assessment | YES / NO * |
| Extended period(s) of poor health or unusually severe mental/emotional problems during the programme | YES / NO * |
| Duration (dates) – as corroborated | From: To: |

* Please delete as applicable and provide details in SECTION D overleaf

SECTION C PROBLEM CAUSED BY THE ABOVE CIRCUMSTANCES

| Mode <i>(tick as applicable)</i> | Module No(s) | Assessment Title(s) & weighting %age | Details/Notes <i>(tick, delete or complete as applicable)</i> |
|---|-----------------|---|---|
| <input type="checkbox"/> ATYPICAL / UNCHARACTERISTIC PERFORMANCE | | | Exam <input type="checkbox"/> Test <input type="checkbox"/> Date (s): Hand-In <input type="checkbox"/> |
| <input type="checkbox"/> FAILURE TO ATTEND examination(s), test(s), Lab(s), or other prog requirements | | | Exam <input type="checkbox"/> Test <input type="checkbox"/> Date (s): Lab/Practical <input type="checkbox"/> Other <input type="checkbox"/> <i>Please specify:</i> Warning Received? Y/N |

SECTION D

Description of the circumstances: *(continue on separate sheet if necessary)*

Evidence Received? YES NO PENDING

The College recognises its responsibility to handle the information disclosed by students in a sensitive and confidential manner in accordance with the University's notification under the Data Protection Act 1998 (For evidence of a particularly sensitive nature, you may submit your evidence in a sealed envelope to be viewed by the chair of the Mitigation Committee or a female/male Committee member only).

Declaration

I confirm that I have read and understood the College Mitigation Policy before submitting this application and the information that I have given is true and accurate to the best of my knowledge.

Student Signature:

Date:

ACTION (office use only)

Decision Code:

Date of Decision: