

Mitigating Circumstances Form Session 2009/10

All sections of this form **MUST** be completed. Please refer to the Mitigation Guidance Notes before submitting a claim - www.uws.ac.uk/students/index.asp).

Deadline for submission of mitigation claims is 12 noon on :

- | | |
|-----------------------------------|---|
| • For Trimester 1 modules | Wednesday 27th January 2010 |
| • For Trimester 2 modules | Wednesday 26th May 2010 |
| • For Trimester 3 / resit modules | Tuesday 24th August 2010 |

SECTION A - PERSONAL DETAILS

| | |
|---|----------------------------------|
| Surname: | Forename: |
| Programme Title (see your ID card) : | Year of Study: |
| Programme Code (see your ID card) : | ID No (see ID card) : |

SECTION B - EXAMINATION/ASSESSMENT AFFECTED

(module code and full module title available from School / on module handouts)

| Module Code | Module Title | Type of Assessment (exam/coursework/other assessment) | Date of Exam or Submission Date | Outcome of Mitigation Panel (For Official Use Only) |
|-------------|--------------|--|---------------------------------|--|
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SECTION C - CIRCUMSTANCES

Describe briefly the factors that affected your performance, or that led to your absence or failure to meet deadlines (and attach supporting documentation to this form):

I confirm I have attached a Medical Certificate (or other evidence) to support my claim. Failure to provide supporting documentation will mean your claim will **NOT** be considered by the Mitigation panel.

Tick
Box

SECTION D - DECLARATION

I have read and understood the Guidance Notes and I declare that, to the best of my knowledge, the information that I have given on this form and in the attached document is true.

Signed:

Date:

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Decision of Mitigation Panel

This part of the form will be completed by the member of the Mitigation Panel judging your claim and will be returned to you after the Mitigation Panel:

1. Claim Accepted

Where the Mitigation Panel has accepted your claim, then you will have the right to be re-assessed at the next available opportunity without loss of attempt.

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2. Claim Rejected

The Mitigation Panel REJECTED your claim on the following grounds (the grounds for rejection are noted with a X):

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|----|--|--|
| 1. | You were NOT enrolled for the module which had been affected by the mitigating circumstances. | |
| 2. | You did not provide sufficient information on your Mitigating Circumstance Form to allow the Member of the Mitigation Panel to judge the validity of your claim. | |
| 3. | You did not submit appropriate evidence (such as a Doctor's Medical Certificate) with the Mitigating Circumstance Form. | |
| 4. | The evidence submitted with the Mitigating Circumstance Form was not judged to have come from an appropriate external third party (such as a Doctor). | |
| 5. | Other grounds (details provided below) | |

SECTION E - (For Official Use Only)

I declare the outcome of the Mitigation Panel as noted above to be accurate.

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| Signed By Member of Mitigation Panel: | Date: |
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