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| APPLICATION FOR SPECIAL CONSIDERATION (MITIGATING CIRCUMSTANCES)Further Education | LAU_black |

1. **APPLICATION** *(all blue sections to be completed and signed by the student)*

The application **must** be submitted in advance of the submission deadline.

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| --- | --- | --- | --- |
| **Name:** |  | **Student ID:** |  |
| **Course:** |  | **Pathway:** |  |
| **Course/personal tutor:** |  |  |

**Category in which the Special Consideration/ Mitigating Circumstance applies:**

|  |  |  |  |
| --- | --- | --- | --- |
| Medical |[ ]  Bereavement |[ ]  Personal |[ ]  Other |[ ]
| If other, please specify: |  |

**Unit affected:**

|  |  |  |
| --- | --- | --- |
| **Unit title** | **Brief title** | **Submission date** |
|  |  |  |

**Details of Special Consideration/Mitigating Circumstance:** Please explain the nature of the problem and how you believe this has impacted on your ability to submit work to the stated deadline; continue on a separate sheet as necessary. This should take the form of a formal statement or letter.

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**Supporting documentation:** You must submit supporting documents/evidence. Examples of the types of evidence normally accepted in support of a Special Consideration Application are included on the reverse of this form.

Please tick the type of evidence submitted with this form or previously to the course area:

|  |  |  |
| --- | --- | --- |
| Medical |[ ]  Crime report number |[ ]  Letter from third party |[ ]
| Other |[ ]  please give details: |  |

**Confirmation:** I confirm that the special consideration/mitigating circumstance and supporting evidence are genuine and understand that any false claim could be subject to disciplinary action.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

1. **RECEIPT AND RECORDING OF APPLICATION** *(to be completed by Course Administrator)*

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| --- | --- | --- |
| **Date received:** |  |  |
| **Type:** |[ ]  Claim for extension in-year |
|  |[ ]  Claim for Exam Board consideration |
| **Evidence attached to this form?** |[ ]  Yes |[ ]  No |
| **Date evidence submitted:** |  |  |
|  |  |

1. **APPROVAL**

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| **Decision of the Special Consideration/Mitigating Circumstances Panel** |
|[ ]  Sufficient grounds/evidence for extension |
| New deadline agreed: |  | (date) | at |  | (time) |
|[ ]  Insufficient grounds/evidence for extension *(please state reason below)*. |
| Comments:  |
| Special Consideration/Mitigating Circumstances Panel Chair name: |  |
| Date and signature: |  |
|  |  |

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| **Examples of evidence normally accepted in support of a Special Consideration application:** |
| **Sudden, short term illness:**medical note, letter or certificate from GP, hospital consultant, medical centre, dentist, or health practitioner such as physiotherapist or osteopath, evidence of appointments with GP/hospital. |
| **Short illness (1-5 days duration):**within University procedures, GP/hospital appointment cards (showing name/dates), prescription or medicine labelling (showing name/dates). |
| **Theft or burglary:**crime report and number. |
| **Exceptional work commitments:**letter from employer. |
| **Unforeseen transport difficulties:**letter from transport company. |
| **Personal or domestic problems:**letter from University or external counsellor. |
| **Criminal investigation or proceedings, litigation, other legal matters:**solicitor’s letter. |
| **Death of close relative or friend:**death certificate, funeral order of service, death announcement from newspaper, GP or counsellor letter outlining impact of death. |

*The completed form to be returned to the Course Administrator for tracking and processing.*