|  |  |
| --- | --- |
| 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.

|  |
| --- |
|  |

**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)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | |  | | | | | | |
|  | |  | | | | | | |

|  |
| --- |
| **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.*