**MITIGATING CIRCUMSTANCES: CLAIM FORM**

| **VERSION HISTORY** | | | |
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| **VERSION** | **REVISION DATE** | **DESCRIPTION OF CHANGE** | **AUTHOR** |
| **1** | **20/08/2021** | **original** | **Operations Mgr (SY)** |
|  |  |  |  |

| 1. **Your details** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Full name** | | |  | | |
| **Student number** | | |  | | |
| **Programme of study** (e.g. Neurosurgery PgDip) | | |  | | |
| **Year/cohort of study** (e.g. Sept 2021) | | |  | | |
| 1. **Your application** | | | | | |
| **Absence from timed examinations owing to mitigating circumstances**  Please indicate below which modules your claim relates to. If you are retrospectively withdrawing from an assessment, you must complete Box 4 below. | | | | | |
| **Module number and title**  (e.g. 1. Assessment & management of brain and spine trauma) | | **Assessment** (e.g. Module activity, Exam) | | **Submission deadline** | **Have you attempted the assessment?**  **Yes/No** |
|  | |  | | **DD/MM/YYYY** |  |
|  | |  | |  |  |
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| **Inability to meet an assessment submission deadline, owing to mitigating circumstances.**  Please indicate below which modules your claim relates to. If you are retrospectively withdrawing from an assessment, you must complete Box 4 below. | | | | | |
| **Module number and title**  (e.g. 1. Assessment & management of brain and spine trauma) | | **Assessment**  (e.g. Module activity, Exam) | **Submission deadline** | **Assessment status - mark with X** | **If not yet submitted (or other), indicate the submission date being requested** |
|  | |  | **DD/MM/YYYY** | [ ] Submitted on time  [ ] Submitted late  [ ] Not yet submitted | **DD/MM/YYYY** |
|  | |  | **DD/MM/YYYY** | [ ] Submitted on time  [ ] Submitted late  [ ] Not yet submitted | **DD/MM/YYYY** |
|  | |  | **DD/MM/YYYY** | [ ] Submitted on time  [ ] Submitted late  [ ] Not yet submitted | **DD/MM/YYYY** |
|  | |  | **DD/MM/YYYY** | [ ] Submitted on time  [ ] Submitted late  [ ] Not yet submitted | **DD/MM/YYYY** |
| 1. **Your circumstances** | | | | | |
| **Please provide the full details of your circumstances, including key dates, and explain how these meet the definition of mitigating circumstances, explaining how they would impact or have impacted on your academic performance.** | | | | | |
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| 1. **Retrospective submission** | | | | | |
| **If you have attempted your assessment(s), please state why you did not follow the mitigating circumstances procedure before presenting yourself for your assessment(s). Please list any supporting evidence.** | | | | | |
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| 1. **Supporting evidence** | | | | | |
| **Please list below each piece of documentary evidence you have submitted with this form. If you do not have your evidence, you should submit this form regardless; you will have 14 calendar days from the date of your first affected assessment in which to submit your evidence. Please note, Fit for Work self-certification is not acceptable as evidence.** | | | | | |
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| 1. **Confidentiality statement and declaration** | | | | | |
| **Confidentiality Statement:**  This mitigating circumstances claim form and supporting documentation will remain confidential to the mitigating circumstances Committee members and other relevant staff members, as appropriate and will be shared for the purposes of considering and responding to this information.  **Declaration:**   * I have read and understood the Mitigating Circumstances: Policy and Procedure. * All information and documentation provided in/with this form is complete and represents an accurate and true reflection of my mitigating circumstances. I understand that the submission of a falsified claim or documentation constitutes an offence under the misconduct regulations. * I authorise the reviewer(s) of this claim to consider this mitigating circumstances claim form and any relevant information held by Learna to the extent necessary for the consideration of my submission. * I give permission for Learna to seek verification of the authenticity of any statements or evidence provided with this claim. * I have read and understood the Confidentiality Statement and consent to my form being shared confidentially with relevant staff members, as appropriate. | | | | | |
| **Student signature:** | | | **Date:** | | |

| 1. **Decision of the mitigating circumstances committee** | | | | | |
| --- | --- | --- | --- | --- | --- |
| The mitigating circumstances committee has met to to consider this application and made the following decision(s) and/or recommendation(s): | | | | | |
| **Signed on behalf of the mitigating circumstances committee:** | | | **Date:** | | |