

Application form for Consideration of Extenuating Circumstances

PART A:

Application

Request for consideration of extenuating circumstances should be approved by the Principal after recommendation from the Extenuating Circumstances Committee

Instructions

PLEASE USE BLACK INK TO COMPLETE AND SIGN THIS FORM

This application for consideration of Extenuating Circumstances should be submitted in hard copy, accompanied by the appropriate evidence to the Admin Staffs as soon as possible

You are advised to keep a copy of the completed form for your own records.

Your Personal Details

Full Name	
Student Number	
Email	
Postal Address	

Your Programme of Study

Course of Study	
Year of Study	

Period covered by Extenuating Circumstances

From:	To:
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Courses and Assessments Affected

Course Code	Course Title / Assessment Title	Dates

Details of Extenuating Circumstances

Please provide a description of the Extenuating Circumstances that may have affected your performance in the above courses or assessments. Please state what aspect/s of the courses or assessments you feel have been affected.

Please use an additional sheet if necessary.

Documentary evidence

Please list all the documentation provided in support of your claim. The documentation should be stapled to this form. Medical claims should be supported by a medical certificate; other claims should be supported by appropriate documentation, e.g. police reports, death certificate.

Any details of a confidential nature may be placed in a sealed envelope marked 'Confidential for the Principal' and securely attached to this form, which would in turn be submitted to the Extenuating Circumstances Committee.

<p>Evidences Provided:</p> <p>1.</p> <p>2.</p> <p>3.</p>

Your Signature

I declare that the information contained in this statement is accurate and completed to the best of my knowledge. I consent to the information being used by the committee and understand that the information will be treated in the strictest confidence.

Student Signature:	Date:
*Signed and Received by	Date:

*Please hand over the whole documents to the Principal.

PART B:

Outcome of Application for Consideration of Extenuating Circumstances

To the Student:

A decision will be made within 5 working days and you will be notified via email. However, we might require more time for further investigation and / or if more evidences are required.

For office use only

Large empty rectangular box for content.

Signed: (The Principal)	Date:
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