



UFORM024 Extenuating Circumstances Application Form Rev1

This form should be used if you wish to submit medical documentation or highlight any personal circumstances (such as bereavement or other difficulties) to be considered by the relevant staff of the College, which may then be brought to the attention of the Exam Board.

Personal Details

First Name	
Surname	
Email Address	
Phone Number	
Course Title	

Details of Extenuating Circumstance

Any information given will be held in the strictest confidence.

Dates affected by the circumstance.

From: _____ To: _____

Please identify each of the assessments/ examinations which have been affected by the extenuating circumstance. Use a separate row in the table below for each module affected.

Module	Assessment Type	Due Date

Have you already made the College aware of these special circumstances?

Yes

No



If yes, please explain what action they have taken or suggested in relation to each module:

Module	Suggested action/ action taken

Please outline the nature of the extenuating circumstance and how it has impacted on your performance, ability to meet deadlines or your attendance at an assessment/examination.



Supporting Evidence

Supporting evidence from a competent professional is essential to the submission of this form. Please attach any medical certificates or relevant documentation as appropriate.

Submitted evidence is non-returnable. Where appropriate, please ask the professional providing supporting evidence to be as specific as possible in outlining the impact of your circumstances on your ability to meet the demands of your academic programme.

Please indicate which best describes your extenuating circumstance:

Physical illness, injury, accident, or hospitalisation	Supporting original evidence must be supplied by a registered medical practitioner.	
Family Illness	Supporting original evidence must be supplied by a registered medical practitioner.	
Bereavement	Supporting original evidence must be supplied.	
Other personal or emotional circumstances	Supporting original evidence must be supplied by a registered medical practitioner.	
Victim of crime	Supporting original evidence must be supplied by An Garda Siochana/Police.	
Other	Supporting original evidence must be supplied.	

Declaration

I confirm the above information is accurate to the best of my knowledge.

Student signature _____

Date _____



Official Use Only

Extenuating circumstance form received:

Supporting Evidence received:

Academic Director signature _____

Date _____

Extenuating circumstance form approved:

Yes

No

Resolution agreed upon:

Date student was informed _____