





NPR QS09\_2 Mitigating Circumstances Form Version 23\_01

Leicester Global Study Centre LGSC CPR QS09

## **Application for Mitigating Circumstances or Special Consideration**

Title	*College* Student ID	Given Name		Family Name				
UK Ad	UK Address (or equivalent)							
*Colleg	ge abbreviation* Prograi	mme Title						
Module	e Code							
Module Title								
Academic Staff Member								
Please identify the Assessment Type by placing an [X] in the applicable box below								
Assess	sment Type	[] Coursework	[ ] In Class Test	[] Mid Term	Exam	[ ] Final Exam		
Date o	f Assessment							
Appropriate evidence such as a medical certificate, a letter from a student counsellor, or other documentary evidence must accompany any application for special consideration @.								
Reason for request for Special Consideration / Mitigating Circumstances (Please outline the details below and ensure you attach the appropriate documentary evidence.)								





Have you a	attached the supporting documentary evidence	e?	[]Yes		[ ] No
	NOTE: Submitting an application onsideration will be granted.	for special	consid	leration o	does not guarantee
Student De I declare th	claration: at all information included in this application is	s correct and fa	ctual the	best of my	ability and knowledge.
Student Signature				Date	
For Office U	se Only		_		
Signature o	f receipt by Academic Services team				
Name		Date			
Signature o	f approval by the Manager of Academic Servi	ces			
Name		Date			



## GLOBAL STUDY CENTRE

Has Special Consideration/Mitigating Circumstances been approved by Manager of Academic Services?	[] Yes	[ ] No				
Has the student been notified?	[] Yes	[ ] No				
Has Attendance Record been amended (if applicable)?	[] Yes	[ ] No				
Has the Academic Sessional(s) been notified?	[] Yes	[ ] No				
Any other Comments (please us the space below)						