



Application for Mitigating Circumstances or Special Consideration

Title	PUIC Student ID	Given name	Family Name	
UK Address				
PUIC Programme Title				
Module Code				
Module Title				
Academic Staff Member				
Assessment Type	<input type="checkbox"/> Coursework Deadline	<input type="checkbox"/> In Class Test	<input type="checkbox"/> Mid Term Exam	<input type="checkbox"/> Final Exam
Date of 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 <i>(Please outline the details below and ensure you attach the appropriate documentary evidence.)</i>				
Have you attached the supporting documentary evidence?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

PLEASE NOTE: Submitting an application for special consideration does not guarantee special consideration will be granted.

Student Declaration: I declare that all information included in this application is correct and factual the best of my ability and knowledge.	
Student Signature	Date

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For Office Use Only

Signature of receipt by Academic Services team			
Name		Date	
Signature of approval by the Manager of Academic Services			
Name		Date	
Has Special Consideration/Mitigating Circumstances been approved by Manager of Academic Services		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student been notified		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has Attendance Record been amended <i>(if applicable)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the Academic Sessional(s) been notified		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other Comments <i>(please us the space below)</i>			