

University of Plymouth International College UPIC CPR QS09 Appendix B

Application for Mitigating Circumstances or Special Consideration

Title	UPIC Student ID	Given Name		Family Name			
UK Address (or equivalent)							
UPIC F	Programme Title						
Module	e Code						
Module	e Title						
Acader	mic 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 Exa	m Final Exam		
Date of	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.)							
(1.100.0							
Have y	ou attached the support	ting documentary ev	ridence?	[]Yes	[] 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 fa Student Signature	Date	
Citation Cignature	Date	
For Office Use Only		
I of Office use Offig		
Signature of receipt by Student Experience Team		
Name Date		
Signature of approval by the Director of Academic and Student Services		
Name		
Has Special Consideration/Mitigating Circumstances been approved by Director of Academic and Student Services	[] Yes	[] No
Has the student been notified?	[] Yes	[] No
Has Attendance Record been amended (if applicable)?	[] Yes	[] No
Has the Academic Teaching Staff been notified?	[] Yes	[] No
Any other Comments (please us the space below)		