**Appendix 1: REQUEST FOR MITIGATION FORM**

**To be used for examinations and major pieces of coursework and projects.**

*For consideration of mitigating circumstances for an assessment this form must be submitted within 5 working days of the examination or coursework submission date to the person specified by your Department*

The College Health Centre can only certify illness for absence from College lasting more than one week or absence from an Examination. They cannot certify an illness if the student has not been seen at the Health Centre during the illness. Likewise, the College Student Counselling Service can only provide a letter on request by a student who is already attending counselling. The College Disability Advisory Service can only help students to obtain appropriate evidence of disability prior to examinations taking place and are not able to certify for absences due to disability.

**Personal Details:**

Name:

CID:

Department:

Programme of Study:

Year of Study:

**Nature of Mitigating Circumstances:**

Please tick appropriate box

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Own illness |  | Family illness/bereavement |  | Accident |  | Victim of crime |  | Other unforeseen circumstances |  |

Please give details of the nature of your mitigating circumstances including dates:

Please expand or continue on a separate sheet if necessary

**Documentation:**

Have you attached appropriate documentation to support your case? **YES/ NO**

If **YES**, please indicate what documentation is attached.

Examples of suitable documentation include:

Please tick appropriate box

|  |  |
| --- | --- |
|  | Medical Certificate or doctor’s letter (if from a UK based practitioner, they should be GMC registered) |
|  | Email/letter from Imperial College Health Centre |
|  | Hospital Admission note |
|  | Death Certificate |
|  | Police Crime Number/report |
|  | Letter from counsellor |
|  | Other: Please specify… |

*Translations should be provided of any documentation not submitted in English*

If **NO**, please state when you will be able to provide suitable documentation, or explain why this is not possible:

*Please note that the more information the Department receives to support your mitigating circumstances, the better able it is to reach an informed decision.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of Assessment Missed or Performed with Mitigating Circumstances** | | | |
| **Course code** | **Assessment item (e.g. exam /major item of coursework/dissertation)** | **Date of assessment/ submission deadline** | **Indicate whether you sat/submitted the assessment**  **(Yes / No)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please tick here if all assessments during the academic year have been affected by the circumstances detailed above.

Please note that the information on this form will remain confidential and will only be viewed by the advisory panel which will make a recommendation to the Board of Examiners about your request. Please state below if there is any information contained on this form which you DO NOT wish to be released to the Exam Board. Please bear in mind that the more information that is received by the Board the better able they will be to reach an informed decision.

*I wish for the appropriate Board of Examiners to take into account my mitigating circumstances for the assessments listed above. I declare that the information I have given to be true to the best of my knowledge and understand that false claims for mitigation are a serious examinations offence.*

Signed (student)…………………………………… Date:………………..

Signed (member of staff - to confirm receipt)…………………… Date:………………….

Please note: for minor pieces of assessed work, independent corroborating evidence is not required and the minor coursework mitigating circumstances form should be used. Your Personal Tutor, Senior Tutor or Course Leader will advise you which pieces of coursework, if any, are categorised as minor.

**REQUEST FOR MITIGATION – OUTCOMES**

**(Office use only)**

Recommended Outcome (please attach documents if necessary):

Uncapped first sitting

Uncapped resit

SQT

Addition of mark

Refer to final board for consideration in relation to award of degree

No action required

Reasons for decision:

Two members of the advisory panel should sign and date below:

Signed …………………………………………

Date ……………………………………………

Signed …………………………………………

Date ……………………………………………

Was the recommendation of the Advisory Panel accepted by the Board of Examiners? Yes /No

If No, please provide a brief explanation:

The Chair of the Board of Examiners should sign and date below:

Signed …………………………………………

Date ……………………………………………