

**REQUEST FOR MITIGATION FORM****To be used for examinations and major elements of coursework.**

*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*

**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 that 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:

Members of the advisory panel should sign and date below:

Signed .....

Date .....

Signed .....

Date .....

Signed .....

Date .....

Signed .....

Date .....

Was the recommendation of the Advisory Panel accepted by the Board of Examiners? Yes /No  
If not, please provide a brief explanation.

Members of the Board of Examiners should sign and date below:

Signed .....

Date .....

Signed .....

Date .....