

Appendix

Student Submission of Mitigating Circumstances

Relating to possible poor performance in assessment for consideration by the Assessment Board

PLEASE PRINT

Personal Information:

FIRST/FORENAME _____

LAST/FAMILY/SURNAME _____

STUDENT IDENTITY CARD NUMBER _____

Course Information:

This Academic Year – 20__ / __

Course/Pathway Title _____

Please refer to the Guidance notes on how to make this submission and to the procedure, both of which are set out in the document on the web site at:

<http://www.bolton.ac.uk/Students/PoliciesProceduresRegulations/StudentsOnTaughtCourses/Exam%20Regulations%20and%20Procedures/pdf/MitCircs.pdf>

Advice is available from the Student Centre or the Students' Union.

Do not use this form to request a Review of an Assessment Board decision – write directly to the Secretary to Senate, Quality Assurance & Enhancement Unit if you have grounds to appeal - see the procedure which can be found at:

<http://www.bolton.ac.uk/Students/PoliciesProceduresRegulations/StudentsOnTaughtCourses/ExamRegulationsAndProcedures/AssandExam.aspx>

Module Name	Module Code	Item of assessment number and type (e.g. exam, coursework)		Due Date	Outcome required (e.g. Deferral, Repeat of Module, Circs considered)
		No.	Type		

PLEASE ENSURE THAT YOU READ AND SIGN THE DECLARATION ON THE REVERSE

FOR OFFICE USE		
Received by:		
_____	_____	_____
(Print name)	(Signature)	(Date)

Only the information submitted with this form and within the specified timescales will be considered by the Assessment Board through its delegated Mitigating Circumstances Panel

DECLARATION

1. I have included a statement describing the mitigating circumstances and how they affected me
2. I have included evidence to support my claim for consideration of mitigating circumstances.
3. I understand that my circumstances and documentary evidence will be discussed at the Mitigating Circumstances Panel which is a sub board of the Assessment Board. The information will be considered in terms of my progress/final award. If deemed necessary by the Chair of the Mitigating Circumstances Panel, my circumstances may also be disclosed to the relevant External Examiner.

Signature _____ Date _____

This submission must be delivered to your local School /Centre Office, preferably in person to obtain your receipt, **at least five clear working days before the assessment due date (coursework submission or examination date) of the assessment you are claiming is affected by the mitigating circumstances.**

FOR UNIVERSITY USE

OUTCOME

CONSIDERED BY *PANEL OR *PANEL CHAIR (*delete one) _____ (Date)

Signature _____