



DEFERRAL OF STAGE TO NEXT ACADEMIC YEAR: MCF

Mitigating Circumstances Form

| Section A. Student Information | | | |
|--------------------------------|--|---------------------|--|
| Student Name | | Student Number | |
| Telephone Number | | SMSI E-mail Address | |
| Programme | | Stage | |

| Section B. Requested Action |
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By completing this form you are requesting ...

Special circumstances should be taken into account to allow for **DEFERRAL**, without academic penalty from **the Programme Stage** listed below and to attempt the stage when next offered.
(DEFER STAGE TO NEXT ACADEMIC YEAR)

| Details of Module for which deferral to next academic year (no penalty) is being requested... | |
|---|---------------------------|
| | Next academic year |
| Programme Title | |
| Stage | |
| | |

| Section C. |
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Nature of your mitigating circumstances.

Please tick the box below which best describes your mitigating circumstance:

The College requires that these circumstances are confirmed and original supporting evidence must be supplied.

| | |
|--|--|
| <input type="checkbox"/> Physical illness, injury, accident or hospitalisation | |
| <input type="checkbox"/> Family illness (Specify relationship) | |
| <input type="checkbox"/> Bereavement (Specify relationship) | |
| <input type="checkbox"/> Other personal or emotional circumstances | |
| <input type="checkbox"/> Other, please specify: | |

Please describe below the circumstances (use an additional page appended to this form if necessary). Please be specific as to the impact of these circumstances on your academic performance. Your confidentiality is assured. Only those who will consider your circumstances will have sight of this form. Appropriate original supporting evidence must be supplied.

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Section D: Supporting Evidence

Supporting Evidence Provided: YES NO
 Please note that original documentation must be supplied and is non-returnable. It is recommended that you retain a copy of the application and evidence for your records. Documentation should be confined to the facts of the case and the nature of the impact only.
 Please indicate the source of the supporting evidence you are attaching to the application:

- Medical Practitioner
- Other health professional (please specify)
- Other (please specify)

Section E: Student Declaration

I confirm that the information given in this form is correct. I confirm that this information may be disclosed, where necessary, to academic and administrative staff of SNMCI.

Print Name:

Signed:

Date:

Admin:

Received and reviewed by PD.

Print Name:

Signed:

Date:

Agreed: Yes/No

Registration/Examinations Office notified: Yes/No

Date:

Check List

Before submitting an application, remember...

Extenuating Circumstances refer to cases of serious **unforeseen** and/or **unpreventable** circumstances. Please make sure that the following have been completed prior to submitting the form:

- A** Personal Information completed
- B** Nature of your **Mitigating Circumstances** described
- C** Supporting **Original Evidence** from a competent professional provided
- D** Signed and dated

It is the responsibility of the student to ensure that this form is submitted to the relevant PD within the permitted timeframe. Students are encouraged to submit applications as soon as possible after the occurrence of the circumstances outlined in the application.