**Oxford Brookes University MCR**

**STUDENT REQUEST FOLLOWING MITIGATING CIRCUMSTANCES**

* This form **must** be completed for **all** requests for an allowance for mitigating circumstances.
* If there is insufficient space in any section, attach a letter or email setting out the full details.
* Before completing this form you should read the accompanying [Guidance Notes](http://ipc.brookes.ac.uk/docs/docs-courses/Mitigating_Circumstances_IPC_guidelines_2017.pdf).

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| --- | --- | --- | --- |
| ***Part 1 – your details:***  Name:  Student No:  Course Title: | | | |
| ***Part 2 – which assessments were affected*** *(print title/type and date of assessments and the module numbers)****:*** | | | |
| Module | ***Module number:*** | ***Assessment*** *(eg 1st coursework, presentation, exam, etc)****:*** | ***Date due:*** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
|  | | | |
| ***Part 3 – details of the mitigating circumstances*** *(explain what occurred when and how it affected your work)****:*** | | | |
| ***Part 4 – reason for late request*** *(if this request is submitted after the assessment due date listed, explain why as you need to explain why you couldn’t submit this form before the assessment deadline)****:*** | | | |
| ***Part 5 – evidence*** *(list the documents you are attaching and, if you can’t provide some documents, explain why)****:*** | | | |
| ***Part 6 – submission*** *(tick* ***one*** *of these boxes)****:***  1. I am requesting an extension to a coursework deadline of **up to one week**.  2. I am requesting an extension to a coursework deadline of more than one week and **up to five weeks**. Please tell us how long an extension you think you need:  3. I am requesting an opportunity to re-sit a module assessment at a later date i.e. an extension of **more than five weeks.** | | | |
| ***Part 7 – signature*** *(nb giving false or partial information is a breach of the Student Conduct Regulations)*  To the best of my knowledge and belief, the information given above is true and complete.  Signed:  Date: | | | |

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**DECISION ON MITIGATING CIRCUMSTANCES REQUEST**

* No allowance may be made for mitigating circumstances **except** using this form.
* Each allowance will be either an extended coursework deadline, a re-arranged in-class presentation or informing the Examination Committee there were mitigating circumstances.
* Before making your decision you should read the accompanying Guidance Notes.

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| ***Part 8 – receipt:***  Received by (name of ML/School):  Date: | | | |
| ***Part 9 – decision*** *(for each assessment identified by the student, give your decision, the reason(s) why you rejected the request or the allowance you made – including the date of any new deadline or assessment – as appropriate, and a brief statement of why you made that decision, if needed)****:*** | | | |
|  | ***Module number:*** | ***Assessment*** *(eg 1st coursework, presentation, exam, etc)****:*** | ***Date due:*** |
| 1 |  |  |  |
| Allowance: **Refer to examination committee / new deadline or assessment date** | | |  |
| Decision: **Accepted / Rejected** Reason(s) for rejection: **A / B / C / D / E** | | |  |
|  | | | |
|  | ***Module number:*** | ***Assessment*** *(eg 1st coursework, presentation, exam, etc)****:*** | ***Date due:*** |
| 2 |  |  |  |
| Allowance: **Refer to examination committee / new deadline or assessment date** | | |  |
| Decision: **Accepted / Rejected** Reason(s) for rejection: **A / B / C / D / E** | | |  |
|  | | | |
|  | ***Module number:*** | ***Assessment*** *(eg 1st coursework, presentation, exam, etc)****:*** | ***Date due:*** |
| 3 |  |  |  |
| Allowance: **Refer to examination committee / new deadline or assessment date** | | |  |
| Decision: **Accepted / Rejected** Reason(s) for rejection: **A / B / C / D / E** | | |  |
|  | | | |
| ***Part 10 – informing the student*** *(as a matter of urgency for coursework extensions, rearranged tests, etc)****:***  Date student informed in writing: by letter / email | | | |
| ***Part 11 – signature*** *(of the Module Leader or one of the MCP Sub-Group or the Chair/Secretary of the MCP)*  Print name:  Signed:  Date *(of the decision or of the minuted MCP meeting)*: | | | |