



Extenuating Circumstance Form

You must submit the form and supporting evidence to your the Academic Examinations Officer of the Campus.

Section-1 (Student details)
Title: First Name: Surname: Date of Birth: Telephone Number: Mobile Number: Email: Address:
Section-2 (Details of assessment/s affected)
Section-4 (Supporting evidence)

Section-4 (Declaration)

I declare that the information I have provided on this form is accurate and complete to the best of my knowledge and authorise the campus to make enquiries to verify the accuracy of the information if necessary.

Name of the student:

Signature:

Date:

For Office Use Only

Received by:

Signature

Date: