

## Student Extenuating Circumstances Application Form

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### Personal Information

|                   |  |
|-------------------|--|
| Full Name:        |  |
| Student ID:       |  |
| Program of Study: |  |
| Email Address:    |  |
| Phone Number:     |  |

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### 1. Module Information

Please provide details of the module(s) for which you are requesting consideration under extenuating circumstances.

|   |  |
|---|--|
| Module Title:                             |  |
| Instructor Name:                          |  |
| Assessment Type:                          |  |
| Due Date:                                 |  |
| Requested Extension Date (if applicable): |  |

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### 2. Reason for Extenuating Circumstances

*Please indicate the reason(s) for your request below. Tick all that apply and provide supporting documentation as necessary.*

- ☐ Medical (illness or injury)
- ☐ Bereavement (loss of a close family member or friend)
- ☐ Personal or family issues impacting academic performance
- ☐ Other (please specify): \_\_\_\_\_

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**Supporting Documentation:**

*Please attach all relevant documentation to support your application (e.g., medical certificates, death certificates, letters from employers).*

**3. Explanation of Circumstances**

*In the space below, provide a detailed explanation of your circumstances and how they have impacted your ability to complete the assessment(s) on time.*

**4. Requested Outcome**

*Please indicate your requested outcome for each affected assessment (e.g., extension of deadline, deferral of assessment).*

**5. Student Declaration**

*I confirm that the information provided in this application is accurate and complete to the best of my knowledge. I understand that submitting false or misleading information is a serious offense that may lead to disciplinary action.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Office Use Only**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Documentation Provided: ☐ Yes ☐ No

Outcome of Request: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature of Reviewing Officer: \_\_\_\_\_ Date: \_\_\_\_\_