



Please complete in BLOCK CAPITALS

NOTIFICATION OF MITIGATING CIRCUMSTANCES FORM

Name:.....

Employer:.....

Course:.....

Please consult the **Mitigating Circumstances Policy** and **Mitigating Circumstances: Guidance for Students** before completing this form with particular reference to the grounds for mitigation and the timing requirements for submission.

**Description of Events**

Please describe the nature of the circumstances or events that you believe have affected, or are affecting, your performance in an assessment or ability to complete an assignment by the submission date/time:

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Dates of period affected: .....

**Late Requests**

**Late requests for mitigation will not be considered without a credible and compelling explanation as to why the request was not made before the beginning of the assessment or the assignment submission date.** If necessary, please provide your explanation as to your late submission below:

.....  
.....

Alternatively, if an Examination Board has already confirmed the results of your assessment, you should consult the Appeals Procedure and follow the process outlined.

**NATURE OF SUPPORTING DOCUMENTATION**

In order for your application to be considered, it is essential that independent and time-specific supporting documentation is provided. Please indicate the evidence provided below:

- Letter from Medical Practitioner
- Letter from Counselling Service
- Death Certificate / Obituary Notice / Order of Service
- Police Report
- Other (please specify) .....

I confirm that all information given or referred to above is true and that I believe there has been a significant adverse effect on my performance as a result of the circumstances and/or events described.

I also consent to the disclosure of my personal data contained within this form for the purposes of consideration by the Mitigating Circumstances Panel. Please note that details of the outcome of the application will be added to the CLT International bookings system. Details of the circumstances on which the application is based are not recorded. This form will be securely destroyed once a decision has been made.

Signed: .....

Date: .....