

MIT-CIRCS

2017/18

**BIRKBECK – UNIVERSITY OF LONDON**

**Mitigating Circumstances Claim Form**

You must submit this form **at the earliest possible opportunity, and at the latest 7 days after the assessment** for which the claim is being made. Submission after that date must be in line with the College procedure for ‘Appeals Against Decisions of Boards of Examiners’. Claims that do not include relevant information or documentary evidence will not be considered. Acceptance of mitigating circumstances claims is at the discretion of the College only. All information submitted as a claim of mitigating circumstances will be treated as confidential.

Please check our website for further information at: <http://www.bbk.ac.uk/mybirkbeck/services/rules/>

**Please provide the information requested below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name(s)** |  | | |
| **Surname** |  | | |
| **Student Number** |  | **Programme** |  |
| **E-Mail Address** |  | | |

***Please submit separate forms for each module affected, if necessary.***

|  |  |
| --- | --- |
| **Module Code1** | **Module Title** |
|
|  |  |

**1**if this section is not complete, you can find this out via Moodle, usually on the Announcements page, or via the module syllabus

**Please list details of the assessment(s) in the above-named module for which you are submitting a claim of Mitigating Circumstances. Use the titles and deadlines as found in the module Syllabus.**

|  |  |  |
| --- | --- | --- |
| **Title of the assessment(s) to be considered** | **Assessment or Assessment Session** | |
| Deadline/Date of Test | Date submitted (late) |
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**Please complete the following information by ticking the appropriate box and completing the related columns.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Original Evidence you are Submitting** | **Tick (x)** | **Date Covered by Evidence (DD/MM/YY)** | |
| Date From | Date To |
| Doctor’s note or other medical evidence |  |  |  |
| Police letter or form |  |  |  |
| Employer’s letter (part-time students only) |  |  |  |
| Death Certificate |  |  |  |
| Other *(Please specify)* |  |  |  |
| Please see my approved Individual Student Support Agreement |  |  |  |

*All claims should include wherever possible original independent documentary evidence, e.g. medical certificate. If you fail to provide this information your claim may not be considered. Please note that you may resubmit a previously rejected claim only if it is supported by significant additional evidence. All claims made after the set deadline should give valid reasons for the late submission of the claim.*

**Please explain briefly how the circumstances have affected your academic work and/or studies.**

|  |
| --- |
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**GROUP WORK - If you are submitting a claim for group work you must list the names and student ID numbers (if known) of all the other members of the group. Use the boxes below:**

|  |  |  |
| --- | --- | --- |
| **Surname** | **First Name** | **Student Number (if known)** |
| ***Not applicable in this module*** | | |

**If you are submitting your claim *after* the assessment has taken place, please indicate the reasons for not having submitted previously. Documentary evidence should support your statement.**

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|  |

**I confirm that the above information is correct.**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Signature*** |  | **Date** |  |

***Return this form to the Department Office as soon as possible.***

DEPT/SCHOOL OFFICE USE ONLY RECEIVED: SITS: