

Received by: _____

Date: _____

PMC FORM

Please refer to the IBAT College Dublin policy on Mitigating Circumstances in your Learner Handbook and in the current Quality Assurance Handbook.

This form applies to application for mitigation to be considered prior to or at an Examination Board. If an Examination Board has already confirmed the results of your assessment you should consult the Academic Appeals Procedure in your handbook.

This form should be submitted before the beginning of an assessment period, or no later than 5 working days after the assignment submission date or the date of the examination. 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 period.

PLEASE COMPLETE IN BLOCK LETTERS:

NAME: _____ **STUDENT NUMBER:** _____

COURSE: _____ **LEVEL:** _____

Describe the nature of the circumstances or events that you believe have affected, or are affecting, your performance or ability to complete assessments by the due date:

COURSEWORK AFFECTED

Module Code	Title	Due Date	Submitted? (Y/N)

EXAMINATIONS/ASSESSMENTS AFFECTED

Module Code	Title	Date of Exam	Attended? (Y/N)

CONFIDENTIAL

SUPPORTING DOCUMENTATION

To allow for a thorough consideration of your request, it is essential that supporting documentation is attached; failure to do so may affect the outcome of your request. Supporting documentation should be independent and time-specific to the circumstances for which you are requesting mitigation. Photocopies of original documents will suffice, but the original documents must be available for inspection if requested.

Please tick the relevant box.

Letter from a medical practitioner

Letter from Counselling Service

Police Report

Other (please specify) _____

Should you be unable to provide supporting documentation please provide the reason why, and indicate when such documentation will be available.

Please ensure that any hard copy supporting documentation is contained in a sealed envelope which is clearly labelled.

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/events described. I also consent to the disclosure of my personal data by the College support services so that this request can be considered (if identified above).

STUDENT SIGNATURE: _____ **DATE:** _____

FOR OFFICIAL USE ONLY

Form received on time

Satisfactory evidence received

DETAILS OF DECISION/COMMENTS AND ACTIONS TO BE TAKEN:

SIGNED: _____ **DATE:** _____

TITLE: _____