

**Mitigating Circumstances Claim Form 2014/15**

*Please read the accompanying guidance notes carefully before completing this form.*

*All claims should be submitted by the Department of Psychology’s published mitigating circumstances deadline.*

*Please complete all relevant sections of the form and submit it, either via e-mail to* *kelly.freebury@york.ac.uk* *or in person to room CO13.*

**Part A**

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| Name: | University Email Address: |
| Programme Title | Department(s) |

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| Is this an extension request? (*delete as appropriate)* Yes No | If yes, how many days have your mitigating circumstances prevented you from working on your assessment(s)? |

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| **Brief details of your mitigating circumstances** *(you may continue on a separate sheet if necessary)*. If you are requesting an extension to a deadline please state how many days you are requesting. |
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| **List supporting evidence submitted** – *claims without satisfactory evidence will not normally be considered.* A certified translation of any documents should be provided where appropriate.**If you are unable to supply evidence with this form please state the reason for this and the evidence you will be providing and the date at which it will be available** |
| Evidence | Source e.g. GP, hospital consultant |
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| **Details of assessments affected** |
| Module Code | Module Title | Mode of Assessment (ie exam, essay) | Date of exam / **normal deadline for** submission | Did you sit the exam / submit the assessment? |
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| **Student declaration:**I declare that the information that I give on this form and include in attachments is true and all the evidence submitted is genuine. I understand that providing false information is considered a disciplinary offence by the University. I have read the Guidance Notes for Students available at [*https://www.york.ac.uk/staff/supporting-students/issues/academic/taught/mitigation/*](https://www.york.ac.uk/staff/supporting-students/issues/academic/taught/mitigation/)Please tick this box if you are willing for your case to be discussed with your Supervisor: I am aware that in order to consider and administer/process my case the information which I have provided will be made available to the appropriate administrative and academic staff including members of the relevant Mitigating Circumstances Committee. I accept that my claim whilst confidential cannot be anonymous.Student’s signature Date  |

**Part B (for official use only)**

**Mitigating Circumstances Committee’s Decision**

1. **Claim accepted/ rejected** (*please delete as appropriate*)
2. **Claim rejected** (please state reason below)

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1. **Claim accepted**

The Mitigating Circumstances Committee approves the following:

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Approved on behalf of the MCC by:

Name Signature Date

1. **Student informed of decision by Board of Studies on (Date)**