

Student Mitigation Form

Please complete this form in block capital. Once completed this form must be passed on to a member of the course team to complete the section on the second page. This form cannot be submitted without the signature of a member of staff.

Student Reg. Number:	
Full Name:	
Address:	
Post Code	Tel:
Email:	

Course Title:		
Module Title: <small>(if you are applying for mitigation for more than 1 assignment, please list each title below)</small>	Module Assignment Component – Breakdown: <small>(if you are applying for mitigation for more than 1 assignment, please list each title below)</small>	Official Date of Hand In:
1)		
2)		
3)		
4)		
5)		
1 st Submission <input type="checkbox"/>	Re-submission (2 nd Submission) <input type="checkbox"/>	

Mitigating/extenuating Circumstances (supporting evidence must be provided):

Student's Signature **Date**

Tutors Comments:

Tutors Name Signature: Date

For College use:

Date Received	Data Input:	Mitigation Outcome
Date received stamp	Data input stamp	Mitigation Outcome stamp
Signature of Panel Member:		
Comments/Actions		

Copy of this form to be retained in student file