



Notification of Mitigating Circumstances

Name:.....

Student ID:.....

Course of Study:.....

Please describe the nature of circumstances or events that you believe have affected or are affecting your performance or ability to attend the college / submit the course work or sit in the examination.

Date of Period Affected

1. Attendance: Please state the days/dates of your absence

2. Course work/ assignments: Please state if any are overdue

3. Examinations: Please give details of any exams you have missed

Nature of Supporting Documentation

It is essential that this documentation is attached (please tick).

- Letter from Medical Practitioner
- Letter from Counseling Service
- Police Report
- Other (please specify)

.....

Please ensure that confidential material is contained in a sealed envelope.

I hereby 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.

SIGN:

Date.....

For Office use:

Received by:

Date of Receipt: