

This process is to allow you to bring to the attention of your Programme Chair/ Progression and Award Board where you have experienced issues or problems (extenuating circumstances) that impact on your ability to complete assessment or examinations.

## Section A: Student Details

Student Full Name:	
Student ID Number:	
DCU Email Address:	
Programme of study	
Study Period:	

## Please List the Modules affected by the Extenuating Circumstances:

Module Code	Module Title	Type of Assessment CA/EXAM/ Both	Date of Exam or Submission of Assessment

## Section B: Details of Rationale for Application

### Period affected by the Circumstances:

<b>From:</b>	<b>To:</b>

Please tick the box below which best describes your reason for your application for postponement.

<b>Illness, injury, accident or hospitalisation</b> <i>Appropriate original supporting evidence must be supplied by a registered medical practitioner, health professional, registered counsellor/psychotherapist or psychologist</i>	<b>Victims of a Crime:</b> <i>Supporting evidence must be provided by a member of An Garda Síochána, or use the previous option if the crime has resulted in serious personal or emotional circumstances</i>
<b>Family illness (specify relationship)</b> <i>Appropriate original supporting evidence must be supplied by a registered medical practitioner or other health professional</i>	<b>Work Commitments</b>

	<b>Bereavement (specify relationship)</b> <i>Appropriate supporting evidence must be supplied</i>		<b>Other,</b> <i>Please specify</i>

The University requires that these circumstances are confirmed by the professional indicated in each case below. **Appropriate original supporting evidence must be submitted alongside this form.** Supporting evidence is non-returnable.

**Please summarise briefly and concisely the rationale for your application.**

You may attach an additional sheet if necessary

### **Section C**

*To be signed by Student*

*I confirm that the information given in this form is true and factually correct. I understand that this information may be disclosed, where absolutely necessary, to academic and administrative staff of the University directly involved. I acknowledge the requirement for appropriate supporting documentation and will attach the relevant documentation to my submission*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_