

R33 Rationale form: Application for Postponement

of Assessment- Must be submitted through R33 Submission Portal.

www.dcu.ie/registry/postponement-assessment-r33-submission-portal

Section A: Student Details

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

Please List the Modules for which you are seeking a postponement:

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:

From:	To:

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

Illness, injury, accident or hospitalisation	Victims of a Crime:
Family illness (specify relationship)	Work Commitments
Bereavement (specify relationship)	Other, please specify
Other personal or emotional circumstances	

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.



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Please summarise briefly and concisely to You may attach an additional sheet if ned	· · · · · · · · · · · · · · · · · · ·
Tou may attach an additional sheet if het	essai y
Section C	
be disclosed, where absolutely necessary,	s form is true and factually correct. I understand that this information may to academic and administrative staff of the University directly involved. I ate supporting documentation and have discussed my rationale for person.
Student Signature:	Date:
NOTE: you <u>MUST</u> secure approval from Pr the submission portal. (see Section D)	ogramme Chairperson before submitting your application to Registry via
Section D: Approval by Programme	e Chair (To be completed and signed by Programme Chairperson)
I confirm that I have reviewed the provide providing the submission of all relevant su	d rationale for posponement of assessment and am supportive of same apporting documentation.
_	om programme chair will be accepted in lieu of a physical signature. I from the programme chair or a photo of the signed form.
Chairperson Signature:	Date:
(Programme Chairpe	erson)
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