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| --- | --- |
| **Circumstance** | **Acceptable evidence** |
| **1.Serious or extended illness or injury** | Medical certificate or GP note signed during the illness or incident with a stated period of refrain. Needs to bear Surgery Stamp |
| **2.Serious Illness/Injury of a close relative or dependent**  | Medical certificate or note signed while the illness or incident was affecting the other person and clearly stating the refrain period. Needs to bear Surgery StampMedical certificate or GP note signed and clearly stating the refrain period or support given to the other person(s). This must be during or around the hand in date. Needs to bear Surgery Stamp |
| **3.Bereavement** | Copy of a Death Certificate or dated Order of Service Official letter from a person with whom you have a professional relationship, such as a Counsellor, Faith Leader or GP confirming the impact on you |
| **4.Domestic and/or Personal Problems** | Medical certificate or note signed confirming the problemand impact. Needs to bear Surgery StampOfficial letter from a person with whom you have aprofessional relationship (see above) |
| **5.Court Attendance** e.g. jury service | Official correspondence from the Court, Tribunal Authority orletter from Solicitor. |
| **6.Work Commitment**Only students studying part-time can apply concerning work commitment issues | Official letter on headed paper signed by your line manager,supervisor or senior stating the increased work pressures,the reasons behind this and the likely duration. |
| **7.Representing County or Country at Sport** | Official letter from the appropriate sporting association orauthority that explained why the absence was necessary. |
| **8.Religious Observance** | Confirmation from the University Chaplain or Faith Leaderthat the religious observance is a reasonable one for amember of the faith. |
| **9.Active Exercise of Citizenship e.g. Reserve Forces** | Letter from the appropriate association or authority thatexplained why the absence was necessary. |
| **10.Victim of Crime** | Official Police or other investigating authority letterconfirming the reported crime and where appropriate, a listof items stolen, such as a laptop or computer.Medical certificate or GP note signed confirming the incidentand impact on you. Needs to bear Surgery Stamp |
| **11.Childbirth or complications during pregnancy** | Copy of a birth certificateMedical certificate or note signed confirming complicationswere affecting the student. Needs to bear Surgery Stamp |
| **12.Other**Other mitigating circumstances that do not fall under any of the criteria defined above | Appropriate types of evidence will be communicated to you. |

**Mitigating Circumstances**

**All four sections of this form must be completed in full and official supporting evidence provided. You must submit your form on or before the assessment date. Late claims, travel and also IT issues will not normally be considered. Please be aware that applying for mitigation may have an impact on your academic progression.**

All correspondence relating to this claim will be sent to your registered **UoB** email address so please make sure that you check it regularly. We aim to respond to all mitigating circumstances claims within 2 working days.

**1.Student Details** (please use **BLOCK CAPITALS**)

Given Name

Student ID No.

Family Name

Course (eg BSc Hons Psychology) Tel No:

Level of study (eg 1 or M)

Luton Bedford College Site  Hospital Site Other ...........................

Mode (FT / PT)

**2.Details of assessments affected**Your application will be delayed if you do not complete this section in full. Unit details can be found on E:Vision

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **UNIT CODE** | **ASSESSMENT TYPE**Eg Exam, in-class test, dissertation, assignment | **ASSESSMENT NUMBER FOR THIS ASSESSMENT**Eg 1 or 2 | **IS THIS A FIRST ATTEMPT?**(yes/no) | **CURRENT DUE DATE** |
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**3.Main reason for application** (please mark one)

**1 Illness 2 Bereavement 3 Personal 4 Legal Issues 5 Work Pressures, (part time students only) 6** **Other**

Please give full details of the reasons for your application including dates you were affected and the impact this had on your ability to study.

This section allows you to provide an overview of your claim. You will still need to provide official evidence to support your application

**4.Declaration**

By submitting this form you are confirming that the information and evidence you have provided is true and accurate.

NB***: Making false claims or falsifying evidence could lead to disciplinary procedures.***

Signature of student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type your name if submitting an electronic copy

**Please submit your completed form to the Student Information Desk at your campus, or upload using SiDonline. Alternatively you can email to** **mitigation@beds.ac.uk** **or send by fax on 01582 743341. If sending by post, please address to Student Engagement and Mitigation Team, University of Bedfordshire, Park Square, Luton, Beds LU1 3JU.**