 **LINCOLN COLLEGE HIGHER EDUCATION**

**MITIGATING CIRCUMSTANCES APPLICATION**

1. **STUDENT DETAILS**

|  |  |
| --- | --- |
| **Name** |  |
| **Contact email** |  |
| **Contact phone number** |  |
| **Contact address** |  |
| **Enrolment number (student ID)** |  |
| **Course title /code** |  |
| **Validating partner institution** | Choose an item. |

|  |
| --- |
| **Student Signature………………………………………………**  **Date ……………………….** |
| **Important: Submission of this form constitutes disclosure to the College. In signing this form, you are agreeing that information concerning your condition(s), where applicable, can be used and shared with other staff within the College on a strictly “need to know” basis in order to:**   * **Facilitate reasonable adjustments to be made to meet individual needs** * **Facilitate communication in respect of disability issues.**   Full information on disclosure and safeguarding can be found in the ‘Safeguarding Students Handbook’ which is available on Canvas and via the Lincoln College website.  **Concerns regarding your data**  If you have any concerns with regard to the way your personal data is being processed or have a query with regard to this Notice please contact your parent school in the first instance, or the University's Data Protection Officer, Sarah Adams at [sadams@lincolncollege.ac.uk](mailto:sadams@lincolncollege.ac.uk) |

1. **PREVIOUS APPLICATIONS AND MODULES AFFECTED**

Have you been previously granted mitigating circumstances for any of the modules / units identified?

Yes (please provide further details below)

No

Further details:

|  |
| --- |
|  |

Is your application for mitigating circumstances being submitted more than 10 days after the assignment submission date(s)?

Yes (please provide further details\*)

No

Further details:

|  |
| --- |
|  |

*\*You must be able to provide evidence that there are exceptional circumstances which prevented your application from being made within 10 days ie. Admission to hospital. See guidance notes for details. Applications received outside of this 10 day period without evidence of exceptional circumstances will automatically be rejected.*

1. **ASSIGNMENT INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Module Code\*** | **Module Title\*** | **Assessment affected (e.g. in class test/group work/ presentation/ exam/practical/ coursework)** | **Date of assessment or submission deadline** | **Absent from exam or not submitted assessed work? (please state YES or NO)** | **Penalties incurred for late submission (please state YES or NO)** | **Request  *(see codes below)*** |
|  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  | Choose an item. |

*\*see Annex 3 for a full list of course titles and module / unit titles*

Please indicate for each module affected the nature of your request – select the relevant code from the list below.  **You should be aware that the final decision as to how to treat your mitigating circumstances lies with the Academic Affairs Committee and may be different to what you have requested.**

NB. It is NOT possible to change module marks because of mitigating circumstances.

1. **OUTCOME REQUEST CODES**

|  |  |
| --- | --- |
| **A** | Further attempt (first attempt or resit attempt for capped mark). |
| **B** | Coursework submission deadline extension (beyond 10 working days). |
| **C** | Removal of penalties. |

1. **DETAILS OF YOUR CIRCUMSTANCES**

Please describe the nature of your circumstances, including the following information:

|  |
| --- |
| **A brief summary of your circumstances / illness:** |
| **How this has affected you:** |
| **How your academic performance has been impaired:** |
| **When the circumstances occurred, relating specifically to the assessments listed above:** |

Please state the dates between which you have been affected by the circumstances described above

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **SUPPORTING EVIDENCE**

All submitted mitigating circumstances claims must be supported by independent documentary evidence. Please indicate below the type of evidence you are providing. If you are unable to provide evidence, please explain why. Information on acceptable forms of supporting evidence can be found in the detailed Mitigating Circumstances Guidance document.

If you are unable to submit your evidence at the same time as your application form, please indicate above when you expect to be able to provide it.

Please note that the outcome of your case cannot be confirmed until your evidence is submitted.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Type of evidence** | **Further details** | **Tick all that apply (✓)** |
| 1. | Medical note/letter |  |  |
| 2. | Corroborating statement | Who this is from and what is their relationship to you? |  |
| 3. | Bereavement evidence | Please see Mitigating Circumstances Guidance for details of suitable evidence. |  |
| 4. | Official correspondence |  |  |
| 5. | Police report/crime number | A crime number can be used as an interim measure but you may be required to provide a copy of the police report as well. |  |
| 6. | Other | Please give details of what other evidence you are supplying and why it is relevant: |  |
| 7. | Unable to provide evidence | Please briefly explain why: |  |

1. **ACADEMIC TUTOR STATEMENT (OPTIONAL)**

(This does not replace the need to provide independent supporting evidence but may be helpful in clarifying your situation for the Panel.)

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| --- |
|  |

**Name of academic tutor:**

**Signature:**

**Date:**

1. **CHECKLIST**

Before you submit your application form, check that you have completed the following:

|  |  |  |
| --- | --- | --- |
|  |  | I have read and understood the ***Mitigating Circumstances Guidance***. |
|  |  | I have completed all personal details including my student ID number, name, programme and year of study. |
|  |  | I have listed all modules affected by my circumstances including the correct module code, title and type of assessment (as listed in Annex 1). |
|  |  | I have set out details of the mitigating circumstances I wish to be considered and the relevant dates. |
|  |  | I have attached the supporting independent documentary evidence, or explained why this is not possible. |
|  |  | I have kept a copy of my form and evidence to keep for my records. |

**Completed forms should be submitted to the HE Admin team (**[**HE@lincolncollege.ac.uk**](mailto:HE@lincolncollege.ac.uk)**)**

**FOR OFFICE USE ONLY**

|  |  |
| --- | --- |
| Date form received: | Confirmation of receipt emailed to student: Yes/No  Date: |
| Evidence attached to the form? | Yes/No |
| Decision: | Student informed of outcome: Yes/No |