Hibernia College Quality Framework

## Extenuating Circumstances Application Form

Read this form carefully, then complete it and submit it by email along with any supporting evidence to [**AAO@hiberniacollege.net**](mailto:AAO@hiberniacollege.net)

# Student Information and Declarations (completed by the student)

## Student Details

|  |  |
| --- | --- |
| **Name** |  |
| **Student Number** |  |
| **Programme** |  |
| **Programme Cohort** |  |

## Checklist and Declaration

*Note: Do not submit this application until you have completed this checklist and signed below.*

|  |  |  |
| --- | --- | --- |
| **Statement** | | **Tick** |
| I have read and understood the **Extenuating Circumstances Policy** and **Extenuating Circumstances Procedure** before completing Section 2 below.  [These are available on HiberniaCollege.com. For any clarifications, contact [AAO@hiberniacollege.net](mailto:AAO@hiberniacollege.net)] | |  |
| I have completed this form to the best of my knowledge and included all relevant information. | |  |
| I understand that it is my responsibility to demonstrate that extenuating circumstances have affected my performance in this assessment. | |  |
| Signed |  | |
| Dated |  | |

# Circumstances (completed by the student)

## Assessment

|  |
| --- |
| **Identify the assessment you believe was affected by your circumstances.** |
|  |

## Circumstances

|  |
| --- |
| **Describe the circumstances and how they affected your performance in the above assessment** |
|  |
| **When did the circumstances arise? Please give specific dates.** |
|  |

## Evidence

Note: Remember that the College **will not** consider applications for mitigation of extenuating circumstances that are not supported by verifiable evidence of the circumstances described.

|  |
| --- |
| **Summarise the evidence you have in support of your appeal, which may be appended to your application.** |
|  |

# Determinations (completed by the College)

## Verification Checklist

|  |  |
| --- | --- |
| **Question** | **Initials** |
| Student declaration complete? |  |
| Evidence verified? |  |
| Referred to the Board of Examiners? |  |
| Refer to the Head of School/Academic Lead for action? |  |

# Completed by:

|  |  |
| --- | --- |
| Name/Signature |  |
| Date |  |