

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

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|--------------------|--|
| 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 |
|-------------|--------------|-------------------------------------|---|
| | | | |
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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.

| | |
|--|---|
| <p>Illness, injury, accident or hospitalisation <i>Appropriate original supporting evidence must be supplied by a registered medical practitioner, health professional, registered counsellor/psychotherapist or psychologist</i></p> | <p>Victims of a Crime: <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></p> |
| <p>Family illness (specify relationship) <i>Appropriate original supporting evidence must be supplied by a registered medical practitioner or other health professional</i></p> | <p>Work Commitments</p> |

Extenuating Circumstances (R30 process)

| | | | |
|--|--|--|--|
| | | | |
| | Bereavement (specify relationship) <i>Appropriate supporting evidence must be supplied</i> | | Other, <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: _____

NOTE: you **MUST** secure approval from Programme Chairperson before submitting your application to Registry via the submission portal. (see Section D)