**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** |
|  |  |  |  |
|  |  |  |  |
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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.**

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

|  |
| --- |
| **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 aknowledge the requirement for appropriate supporting documentation and have discussed my rationale for postponement with my Programme Chairperson.*

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 **Section D: Approval by Programme Chair** *(To be completed and signed by Programme Chairperson)*

I confirm that I have reviewed the provided rationale for posponement of assessment and am supportive of same providing the submission of all relevant supporting documentation.

**Please note an email confirming same from programme chair will be accepted in lieu of a physical signature.
You may attach either a copy of the email from the programme chair or a photo of the signed form.**
**Chairperson Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Programme Chairperson)