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**

|  |  |
| --- | --- |
| **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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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**  *Appropriate original supporting evidence must be supplied by a registered medical practitioner, health professional, registered counsellor/psychotherapist or psychologist* |  | **Victims of a Crime:**  *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* |
|  | **Family illness (specify relationship)**  *Appropriate original supporting evidence must be supplied by a registered medical practitioner or other health professional* |  | **Work Commitments** |
|  | **Bereavement (specify relationship)**  *Appropriate supporting evidence must be supplied* |  | **Other,** *Please specify* |

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 will attach the relevant documentation to my submission*

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