

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.

<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>

	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: _____