

8. Appendix

Appendix 1 – Personal Circumstances Form

PERSONAL CIRCUMSTANCES FORM



STUDENT DETAILS

Student Name

Student ID

Intake

Programme

Faculty

Contact no.

CIRCUMSTANCES AND THEIR IMPACT

Please describe your personal circumstances.

- All personal circumstances applications MUST be accompanied by supporting evidence e.g. a medical certificate.

ASSESSMENT DETAILS

Please enter the details of the assessment(s) affected:

- Please provide the module code, module name, type of assessment and date for each assessment you are applying for.

Module Code	Module Name	Assessment Type	Assessment Date	Tick if attempted

DECLARATION

I declare that the information above is true, that any supporting evidence provided is genuine and that the college reserves the right to request to see a physical copy of any original supporting evidence and that failing to do so may impact on the review of my personal circumstance claim.

Signature:

Date:

FOR OFFICE USE ONLY

Received by:

Received date:

Faculty Assessment Committee Decision:

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Approved by:

Approved date: