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| ACADEMIC REGISTRYModule Credit Imbalance Form2022-2023 |



Students normally who are studying an imbalance of credits are required to complete this form and obtain approval from their department.

| **Student ID Number:** | **Surname:** | **Forename(s):** |
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| **Programme:** |  |
| **Additional information (if applicable)** |
| I acknowledge that I have opted to choose a combination of modules that will result in a credit imbalance across semesters 1 and 2.I understand that this will result in an unequal workload across the academic year.In undertaking the combination of modules, I accept that it is my responsibility to ensure that all assessments are completed on time and that I will not be allowed to request an \*EMC - Exceptional Mitigating Circumstances as a result of heavy workload (in either semester).\*This does not affect claims for other Exceptional Mitigating Circumstances, such as illness.I hereby acknowledge and accept the above conditions.**Student Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Department approval:** |
| I confirm that the above-named student has approval from the Programme Leader to undertake a credit imbalance this academic year.**Academic Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Faculty approval:** |
| **Associate Dean Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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