

CONFIDENTIAL

**EDGE HILL UNIVERSITY – FORMAL NOTIFICATION OF EXCEPTIONAL MITIGATING CIRCUMSTANCES
TO BE COMPLETED BY THE STUDENT/TRAINEE**

NAME:	STUDENT ID NUMBER:
PROGRAMME TITLE:	YEAR OF STUDY/ COHORT:
E-MAIL ADDRESS:	TELEPHONE:

PLEASE IDENTIFY IN THE FOLLOWING TABLE THE MODULES(S) THAT HAVE BEEN AFFECTED BY YOUR PERSONAL CIRCUMSTANCES. Please note that it is your responsibility to ensure that you apply for the correct module codes and specify all elements of the module assessment you are applying for. If this application relates to reassessment please indicate this in the following table:

MODULE No:	ELEMENT (I.E EXAM/ PRACTICE/ COURSEWORK (PLEASE SPECIFY CW 1/2/3)	MODULE TITLE	CW due DATE	EXAM DATE	PLEASE INDICATE IF REASSESSMENT (I.E 2 ND /3 RD ATTEMPT)

PLEASE PROVIDE DETAILS OF YOUR CIRCUMSTANCES (You may continue on a separate sheet if necessary). Guidance notes are available from the Student Information Centre (Ormskirk site), your local administrative office and the Academic Registry webpages. Please ensure that you refer to section seven of the guidance notes to familiarise yourself with what is considered to be appropriate evidence.

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STUDENT DECLARATION: I confirm that the above information and supporting evidence is true and accurate, I understand failure to submit supporting evidence may result in my application being rejected regardless of my circumstances.

Signature: Date:.....

NOW TAKE THIS FORM TO YOUR PERSONAL TUTOR / MODULE COORDINATOR

THIS SECTION MUST BE COMPLETED BY YOUR PERSONAL TUTOR PRIOR TO SUBMITTING YOUR APPLICATION.

TO BE COMPLETED BY YOUR PERSONAL TUTOR/MODULE COORDINATOR:	
Please tick to confirm that the above submission/assessment dates are correct (If you wish to provide any additional information please contact your Faculty Assistant Registrar) <input type="checkbox"/>	
TUTOR/ MODULE COORDINATOR SIGNATURE:	
TUTOR/ MODULE COORDINATOR PRINT NAME:	
DATE :	

RECEIPT

This form has been received for consideration by the EMC Panel

Academic Registry Staff Signature:..... Date: