**MITIGATING CIRCUMSTANCES POLICY**

**PERSONAL TUTOR’S SUPPORT STATEMENT**

Personal Tutor Details

Name: ………………………………………….. Desgination:……………………………………

Student Details

Name: ………………………………………….. Student ID:……………………………………

Programme of Study:……………………………………………………………………………………

AOS Code:…………………………………….

Year of Study:………………………

School:………………………………………………………………………………………………………….

Modules affected by mitigating circumstances (please ensure all modules are listed)

|  |  |  |  |
| --- | --- | --- | --- |
| Module Code | Module Title | Date of Assessment | Assessment Type*(exam, essay etc)* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Nature of mitigating circumstances: Medical/Other

Personal Tutor’s Support Statement:

|  |
| --- |
|  |

Signed…………………………………………. Date………………………………