

## Student Mitigation Form

**Please complete this form in block capital. Once completed this form must be passed on to a member of the course team to complete the section on the second page. This form cannot be submitted without the signature of a member of staff.**

<b>Student Reg. Number:</b>	
<b>Full Name:</b>	
<b>Address:</b>	
<b>Post Code</b>	<b>Tel:</b>
<b>Email:</b>	

<b>Course Title:</b>		
<b>Module Title:</b> <i>(if you are applying for mitigation for more than 1 assignment, please list each title below)</i>	<b>Module Assignment Component – Breakdown:</b> <i>(if you are applying for mitigation for more than 1 assignment, please list each title below)</i>	<b>Official Date of Hand In:</b>
1)		
2)		
3)		
4)		
5)		
1 <sup>st</sup> Submission <input type="checkbox"/>		Re-submission (2 <sup>nd</sup> Submission) <input type="checkbox"/>

**Mitigating/extenuating Circumstances (supporting evidence must be provided):**

**Student's Signature** ..... **Date** .....

**Tutors Comments:**

Authorised by Quality and Standards

Last Review: August 2022

Next Review: August 2023

Tutors Name ..... Signature: ..... Date .....

*For College use:*

Date Received	Data Input:	Mitigation Outcome
Date received stamp	Data input stamp	Mitigation Outcome stamp

Signature of Panel Member: .....

Comments/Actions

*Copy of this form to be retained in student file*