**UNIVERSITY OF WARWICK**

**CONFIDENTIAL**

**MITIGATING CIRCUMSTANCES DECLARATION FORM**

|  |  |
| --- | --- |
| **FULL NAME:** |  |
| **STUDENT NUMBER:** |  |
| **COURSE:** |  |
| **DEPARTMENT:** |  |
| **STAGE OF STUDY (Please circle)** | **FOUNDATION / PRE-SESSIONAL / 1ST YEAR / 2ND YEAR / 3RD YEAR / 4TH YEAR/ POSTGRADUATE TAUGHT** |
| **MODE OF STUDY (please circle)** | **Full time/Part-time/Distance Learning/Other** |

This form should be completed if you want to make the University aware of any mitigating circumstances which you believe may have adversely affected your performance either during the year or in the examinations. **Please read the University Mitigating Circumstances guidance before completing the sections which apply to you.** Please refer to Departmental Guidance for details of deadlines and where to submit your form.

1. **Please state the type of mitigation you are presenting (you may tick more than one box, and if “other”, please provide details):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Serious accident or illness |  | Bereavement |
|  | Serious accident or illness of someone close  |  | Abrupt change in personal circumstances |
|  | Significant changes in employment circumstances **(part-time students only)** |  | Late diagnosis of a specific learning difference |
|  | Deterioration of a permanent condition  |  | Suffered bullying, harassment, victimization or threatening behavior |
|  | Other (please give details): |

1. **Please state the length of time/period affected (giving dates), and details of any assessments affected:**

|  |  |
| --- | --- |
| Period affected (please give start and end date) | Assessment(s) affected (including details of any deadline dates and examination dates) |
| Start date: End date:  |  |

1. **Please provide further details of the mitigating circumstances and how they have affected your assessments:**

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**d) Please indicate who you have contacted in relation to your mitigating circumstances (please tick more than one box if applicable and if “other” please provide further details):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Departmental Senior Tutor |  | Doctor |
|  | University Senior Tutor |  | Personal Tutor |
|  | Student Support Services |  | Residential Support  |
|  | Students’ Union Advice Centre |  | University Counselling Services |
|  | Other: |

1. **Please give details of the evidence of your mitigating circumstances which you are providing with this form:**

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1. **Please give details of any evidence which is currently outstanding, that you will provide to support your request, noting that this should be submitted before any deadlines notified to you by your department and no later than no than** **5 working days in advance of the Mitigating Circumstances panel/pre-board meeting in your Department:**

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**I confirm that the information I have given is true and that I have read and understood the University Guidance on mitigating circumstances.**

**SIGNED: DATED:**

Please return **a signed copy** of this form and all supporting documentation to your Department **no later than** **5 working days in advance of the Mitigating Circumstances panel/pre-board meeting in your Department**. All deadlines can be found in the guidance. Forms will not be accepted after the deadline unless there are exceptional reasons.

*Please note that the information you provide will be reviewed by the departmental mitigating circumstances pre-board in order to make a recommendation to the Board of Examiners about your case. The University will keep your full student record for six years after the end of the academic year in which you graduate from, other otherwise leave the University. After six years, the University will retain only the data necessary to identify you and confirm the dates you studied at the University, the degree and classification you were awarded and a transcript of your marks. All other personal data on your student record will be disposed of in a secure manner.*