

**EXTENUATING/MITIGATING CIRCUMSTANCES FORM (ECF)**

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| **Student Name** |  | | |
| **Programme** |  | | |
| **Start date** |  | **Student ID** |  |
| **Email** |  | **Mobile** |  |

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| **Unit Title** | **Assessment Type** | **Assessment Date** | **Date Assessment Attempted** | **Deadline extension requested** | **Date for Submission requested** |
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**REASON FOR EXTENUATION:**

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| Please provide full details of your circumstances and explain how they would impact or have impacted on your academic performance. (Continue on a separate sheet of paper if needed and attach with this form) |



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**SUPPORTIVE EVIDENCE:**

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| Please list below each piece of supporting evidence you have submitted with this form (without valid and reliable document no extenuation may be granted) |

**RETROSPECTIVE SUBMISSION:**

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| If you have attempted your assessment(s) despite your extenuating circumstances, please state why you did not submit the ECF prior to the assessment deadline. |

**DECLARATION:**

I declare that to the best of my knowledge, all information given is true and all evidence submitted is genuine and I understand that a fraudulent claim may lead London Professional Academy (LPA) to take action under its disciplinary procedures.

**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Decision (Office use only):** Is the extenuation granted? **(Please circle) Yes/ No**  **Justification:** Please provide reasons for this decision and if any actions are to be taken in respect of this claim.  **Name: Signature: Date:** |