



EXTENUATING/MITIGATING CIRCUMSTANCES FORM (ECF)

Student Name			
Programme			
Start date		Student ID	
Email		Mobile	

Unit Title	Assessment Type	Assessment Date	Date Assessment Attempted	Deadline extension requested	Date for Submission requested

REASON FOR EXTENUATION:

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:

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:

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:** _____

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: