**MITIGATING CIRCUMSTANCES FORM (MCF)**

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| --- | --- | --- | --- |
| **Student ID:**  |   | **Student Name:**  |   |

|  |  |  |  |
| --- | --- | --- | --- |
| **Semester:**  | **Sep-Jan**  | **Feb-Jun**  | **Aug**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Module (Short) Name**  | **Assessment** **(Component & Type)**  | **Assessment Date**  | **Exact dates that you were affected**  |
| **From**  | **To**  |
|   | In-Class Quiz/Test  | Assignment (Report/Presentation/Viva)  | Final Exam  |   |   |   |
|   | In-Class Quiz/Test  | Assignment (Report/Presentation/Viva)  | Final Exam  |   |   |   |
|   | In-Class Quiz/Test  | Assignment (Report/Presentation/Viva)  | Final Exam  |   |   |   |
|   | In-Class Quiz/Test  | Assignment (Report/Presentation/Viva)  | Final Exam  |   |   |   |

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| --- | --- |
| Reason(s) for not attending:  ..................................................................................  …………………...............................................................  | Supporting Evidence Attached to this form:  |
| Sick Leave Certificate  | Death/Police Certificate  |
| Letter from Employer  | Other: ………………………...  |
| C:\Users\aliyasaid\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\94A5A9BC.tmp**Declaration:** By signing this form you are confirming that the information and evidence you have provided is true and accurate. ***NB. Making false claims or falsifying evidence could lead to disciplinary procedures.*** If you are submitting your form electronically, please put a cross in the box to confirm you agree with the statements above. It is the responsibility of the student to complete this form correctly, failure to do so could lead to their mc claim not being accepted.  **Student’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   |
| **The remainder of this form is to be completed by College Staff.**  |
| QA Rep Remarks: .........................................................................................................................................................................  |
| Module  | Decision  | If rejected, why?  |
|   | Accepted  | Rejected  |   |
|   | Accepted  | Rejected  |   |
|   | Accepted  | Rejected  |   |
|   | Accepted  | Rejected  |   |
| MCC Chair's Signature:  | Date:  |