

Individual Extenuating Circumstances (IECs) Relating to Examinations and Assessment Claim Form

Please complete this form in **BLOCK CAPITALS** and submit to your Head of Department for consideration by the relevant Examination Board meeting(s)

Full Name:	Student Registration Number:
Programme Title:	Programme Code:
Programme Stage (i.e. year of programme e.g. 4th):	

Modules Impacted by the IECs

Module Code	Module Name	Course-work	Exami-nation	Both

Circumstances (please give a brief description including the impacts on your assessments, using additional pages if required):

Please state the type of supporting evidence you are providing (using additional pages if required):

Signature of Student:	Date:
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Official Use only

Date received by the Department:	Signature (Head of Department or nominee):
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