MIDDLESEX UNIVERSITY DUBAI



EXTENUATING CIRCUMSTANCES REQUEST FORM Dubai STUDENTS MUST READ THE ONLINE GUIDANCE AND FAQS FOUND AT THE LINK BELOW PRIOR TO COMPLETING THIS FORM

https://unihub.mdx.ac.uk/study/assessment/extenuating-circumstances

If you are eligible and wish to apply for a 14-day short extension, please refer to the form available at this link: <u>https://mdx.jotform.com/213113487905859</u>

Please complete all sections below:

Student ID number				
Student Surname (Please use block of	apitals)	Student First Name (Please use block capitals)		
Name of your		When were you affected Start Date End Date		
Programme		by these circumstances?		

Module Code	Type of Assessment (eg coursework 1 / test 2)	Assessment Deadline Date (dd/mm/yy)	Indicate Type of Request A. deferral (next opportunity) B. ECs (to be noted for the board)	Name of Your Module Tutor
Briefly explain y	our circumstances and how t	hey have impacte	d assessment (continue overleaf if required	ł).

Your declaration:

- I have read, understood and adhered to the Extenuating Circumstances online guidance and FAQs
- Understand and EC claim cannot be considered without evidence
- · I declare the information above and supporting evidence attached is true and accurate
- I am aware deferrals cannot normally be granted beyond 2 years form the start of the module
- I am aware that an agreed deferral may be overridden by an X grade due to non-attendance(where applicable)

Signature	Date	Contact Number

FOR OFFICE USE ONLY					
Student Office Signature:		Documents submitted: Date given to submit the pending documents:			
FOR ASSESSMENT OFFICER USE ONLY					
Module	Approved	Rejected	Pending	Date of Input on MISIS	Remarks
					Informed Programme Coordinator and Student
Middlooo	y University Dubai - Plack	4 16 17 8 10 Dubai Kasuda	dae Park PO Box 500607 D	ubai 1145 Tab 4071 4 267	Date:Signature:

Please read this page carefully before submitting this form to Student Office.

Normally your request can only be conside	ENCE: ered with supporting evidences (see below) lence, contact your Campus Assessment Officer.
 Illness, accident or severe trauma or an unexpected deterioration in an ongoing illness or chronic medical condition 	 Medical certification of illness or serious accident of the student
 An unpredictable deterioration in an ongoing illness or an unexpected issue impacting on completion of assessments because of a disability or health condition 	 Medical certification or independent verification
Recent death (< month) of someone close	Death certificate
Serious levels of prolonged stress or anxiety	Medical certification
 Unforseen accident/Serious illness of a close relative 	Medical certification
 A significant change to the condition or circumstance of someone for whom the student has a caring responsibility 	 Relevant medical certification or evidence from social services
Serious personal disruption	 Independent verification such as supporting third-party evidence
Significant change of employment circumstances.	Employer letter providing evidence NB: THIS IS NORMALLY VALID FOR POSTGRADUATE STUDENTS
 Religious Observance impact on scheduled examinations 	 A letter from a religious leader explaining the nature of the obligation and the way in which it impacts on the student