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| **All sections of this form must be completed**  **Please read our Introductory Notes and Student Guidance before completing this Form**  **The deadline for submission of a claim is two weeks from the published submission date of the component concerned or the date of the examination, presentation, class test etc.** | | | |
| **PERSONAL DETAILS** | | | |
| **Surname : First names: Student ID number:**  **Full Time / Part Time *(Delete as appropriate)*** | | | |
| **NON SUBMISSION/NON ATTENDANCE** | | | |
| ***Module Code*** | ***Module Title*** | ***Component affected: exam, in-class test, essay, project, presentation, viva*** | ***Submission deadline or***  ***date of exam etc. affected*** |
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| **IMPORTANT NOTE – If your claim for any component above is submitted after the two week deadline, your claim for that component will only be considered if you can demonstrate good reason for the delay in submitting your claim. Being unaware of the deadline will not be accepted as good reason.** | | | |
| Please provide a brief explanation as to why your claim is late; | | | |

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| **DETAILS OF MITIGATING CIRCUMSTANCES** |
| Please briefly describe your circumstances and their impact on your studies, making reference to your supporting evidence, and being specific about dates *(Continue on a separate sheet of paper if necessary).* |

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| **IMPORTANT NOTE – ALL STUDENTS MUST TICK ONE OF THE BOXES BELOW:** |
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| Does your claim relate to a disability, Specific Learning Difficulty or a medical or health condition, including mental health that has a long-term (12 months or more) and substantial negative effect on your ability to carry out day-to-day activities?  **Yes**  (Your details will be passed to the Disabilities and Dyslexia Service (DDS) who will contact you to discuss  what, if any, support needs you may have.)    **No**  However, the Mitigating Circumstances Panel has a duty under Equalities Legislation to pass your details  to DDS if your statement and/or supporting evidence provides information that could reasonably be  considered disclosure of a disability, Specific Learning Difficulty or a long-term medical or health  condition, including mental health.  **Yes** **but do not pass my details to the Disabilities and Dyslexia Service (DDS).**  (DDS will not be passed your details. By choosing this option you accept that this may prevent or limit  disability-related support that you may be eligible for. You can review this decision and can choose to  contact the DDS at a later date.)  For more information concerning the advice, guidance and support available to students at London Metropolitan University, please see the [DDS webpage](https://student.londonmet.ac.uk/life-at-london-met/student-services/disabilities-and-dyslexia-service-dds/)  Or email: [dds.studentservices@londonmet.ac.uk](mailto:dds.studentservices@londonmet.ac.uk) |

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| **BEFORE SUBMITTING YOUR CLAIM YOU NEED TO COMPLETE THIS SECTION** |
| \* I confirm that I have read and understood both the Introductory Notes (at the beginning of this form) and the Mitigating Circumstances - Student Guidance (available at [www.londonmet.ac.uk/mitigation](http://www.londonmet.ac.uk/mitigation)) and provided supporting evidence.  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 the University to take action under its disciplinary procedures.**  **Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_** |