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**ARTS UNIVERSITY BOURNEMOUTH**

MITIGATION CLAIM FORM

Complete this form and email to your Programme Leader at the earliest opportunity and before the assessment deadline.

**You should allow a minimum of one week for the approval process to take place.**

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| STUDENT ID |  | Student Name |  |
| NB Correspondence will be via University email address |
| Course and Year: |   |
| Which units of assessment are affected by your mitigating circumstances? |  |
| Are you seeking extra time in which to complete the assessment(s) detailed above?  |  | *If YES, please indicate the following:* | What is the original date for submission? |  | How much extra time are you requesting? |  |
|  |
| *If NO please specify what action you are seeking on grounds of your mitigating circumstances:* |
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**Details of Mitigation Claim**

Please *provide a full explanation* of the reasons why mitigation is being requested including relevant dates.

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**Supporting Evidence**

Evidence must be attached for your claim to be considered – *please indicate what you are submitting:*

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| --- | --- |
| Description (e.g. Medical Certificate) |  |

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| **General Data Protection Regulation (GDPR)**Please note that the information contained in this form and any accompanying evidence will only be accessed by staff directly associated with the processing of this claim. The electronic file summarising the request and the outcome will be kept confidentially for two years. |

**Student Statement**

I declare that the above circumstances are genuine and request that they be considered for mitigation. I understand how my data is being kept in line with the GDPR statement above.

Student’s Signature: Date:

**Programme Leader Authorisation**

I support this claim for mitigation

Signature: Date:

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| **Are you providing evidence concerning a third party? (e.g. the illness of a relative)**Where evidence is being used, which has been supplied by a third party; you must gain permission to use this evidence and ask them to sign the statement as follows: |

**Statement from third party (if applicable)**I understand that personal information about me is being used in support of a mitigation request. I give consent to its use, under the conditions described in the GDPR statement overleaf.Third Party Signature: Date:  |