**REQUEST FOR CONSIDERATION OF EXTENUATING CIRCUMSTANCES LEADING TO ABSENCE FROM ASSESSMENTS (FORM)**

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| **GUIDELINES TO STUDENT**:  In the case of illness, the student is to send an email or call at the Institute by 0900h on the day of the Assessment to inform that they are unable to sit for the Assessment. A student who does not attend an Assessment session (including CSR Community Work), due to illness or other extenuating circumstance, is required to fill in this Form.  If the request for consideration of extenuating circumstances is approved by the Institute Administration, the following **two scenarios** can apply**:**  **Scenario 1:** **Student is absent for non-TCA assessment session (eg THA,) or any other assessment that has an extendable deadline:** Where possible, the student will be provided with an alternative date and time or a new extension deadline, when and where to take the assessment within the same semester of studies. In case of a THA this document has to be submitted at least 3 days before the deadline.  **Scenario 2:** **Student is absent from TCA, CBA, presentation, viva, interview or group session or any other form of assessment that includes date, time and context**: If it is not possible to re-schedule the assessment at a later stage, the student would be allowed to take the missed TCA as a part-synoptic, meaning the part of the final synoptic that corresponds to the missed TCA. If the reason brought forward by the student is not considered to be adequately valid to justify the student’s absence from the TCA, the student shall be deemed to have failed the TCA and shall be awarded a mark of 0 for that TCA. (Note: Students are to refer to the respective College Regulations for further details).  **Scenario 3 (Specific to CSR unit and its community work requirement): Student is unable to complete the required community work hours:** If it is not possible to give student an extension, and after consulting with the Education & Training Programmes and Learning Support and CSR & Events departments, the student will be allowed to complete the community work hours during the synoptic period without any capping (*Ref clause 2.2.3 DOC347 MCAST Community Social Responsibility Policy & Procedure*)  In the case of Sections 2 and 3, the student is required to attach to this Form a valid document as evidence (such as the NI Certificate (blue Form) signed by the Medical Practitioner or the official quarantine notification etc.).  The Form together with the supporting evidence are to be submitted by hand for approval by the Institute Administration on the first day of College attendance following the missed TCA. |

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| **SECTION 1 : GENERAL INFORMATION** | | | | | | | | |
| **Student Name and Surname:** | | | | | **ID Number:** | | **Year:** | |
| **Course Title:** | | | | | | | **Class Number:** | |
| **Unit Number:** | **Unit Title:** | | | | | | | |
| **Assessment Title:** | | **Assessment Type:** | | | | **Student**  **Signature:** | | |
| **Date of Assessment**  **Deadline or Delivery:** | | | **Period of dates when absent:** | **START:** | | | | **TO:** |

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| **SECTION 2: ABSENCE DUE TO ILLNESS (excluding cases of forced quarantine)**  **Note:** Kindly attach to this Form the NI Certificate (blue Form) signed by the Medical Practitioner or evidence of a positive COVID-19 test. |
| **Briefly explain reason for your request**    **Kindly use reverse side of paper when filling by hand if necessary** |

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| **SECTION 3: ABSENCE DUE TO OTHER EXTENUATING CIRCUMSTANCES (including cases of forced quarantine)** |
| **Kindly use reverse side of paper when filling by hand if necessary** |

***............................................................................ For Office Use .........................................................................***

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| **Institute Check and Approval** | | | | | | | |
| **Institute Administration** | | | | | | | |
| Date Form Received at Institute | |  | | | | | |
| NI Certificate (blue Form) has been submitted by the student to Administration YES NO | | | | | | |  |
| **Name & Surname** |  | | **Signature** |  | **Date** |  | |
| **Institute Management** | | | | | | | |
| Request for extenuating circumstances approved YES NO | | | | | | |  |
| **Name & Surname** |  | | **Signature** |  | **Date** |  | |
| **Comments** | | | | | | | |