**STUDENT REQUEST FOR CONSIDERATION OF COMPENSATORY PASS**

***N.B. To be submitted by end of July (or week 4 of September in the case of synoptics)***

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| **To be filled in by Student** | | | | | | | |
| I,  ID number  confirm that:  I am requesting MCAST to issue my result transcript with a compensatory pass in the following programme / unit. I also understand that   * I have decided not to repeat the failed unit with or without attendance and ; * I am entitled to only one compensatory pass per course / award / qualification; * Once a Compensatory Pass is granted, I cannot request the decision to be reversed. | | | | | | | |
| **Academic year** | | Click or tap here to enter text. | | | | | |
| **Title of Qualification** | | Click or tap here to enter text. | | | | | |
| **Title of Unit being awarded**  **as ‘Compensatory Pass’** | | Click or tap here to enter text. | | | | **MQF Level** | Click or tap here to enter text. |
| **Unit Code** | Click or tap here to enter text. | | | **Result (%) of unit (\*) achieved by student and being claimed for a Compensatory Pass.** *(Score has to be between 40 to 49%)* | | | Click or tap here to enter text. |
| **I confirm that I have read the respective College Regulation that explains the entitlement of a compensatory pass.** | | | | | | | |
| **Name of Student** | | | **Signature of Student** | | **Date signed** | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. | | |

***(\*) The best mark obtained by the student in the original attempt, synoptic, or previous academic year (in the case of repeating students), can be reported here.***

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| **Checklist for Approval of Compensatory Pass (to be filled in and confirmed by Institute Administration)** | | | |
| **1. This is the only CP being claimed by the Student is for this Programme of Study (no other CPs are being/have been claimed/requested)** *(N.B. Work-Based Learning Units are not eligible for CP consideration)* | **Yes** | | **No** |
| **2. The unit being requested for a CP is of 6 ECTS or less** | **Yes** | | **No** |
| **3. The unit being requested for a CP is not a work-based learning Unit (e.g. apprenticeship, placement or internship)** | **Yes** | | **No** |
| **4. The unit being requested for a CP is not a Core or Elective Unit** |  | |  |
| **5. The unit being requested for a CP is not a Dissertation** | **Yes** | | **No** |
| **6. The student has fulfilled any special conditional entry requirements as and where applicable** | **Yes** | **No** | **Not Applicable** |
| **7. The grade for the unit being requested for a CP is between 40% and 49%** (*N.B. The best mark obtained by the student in any from amongst the original attempt, synoptic, or previous academic year (in the case of repeating students), is to be taken into consideration)* | **Yes** | | **No** |
| **8. Student has completed (if applicable) Vocational Competences Unit Requirements *(Logbook + minimum attendance hours*)** | **Yes** | **No** | **Not Applicable** |
| **9. Student has met minimum attendance requirements (applies from February 2021 onwards) (refer to DOC 003/004/005 par 9.3)** | **Yes** | | **No** |
| **10. In the case of an Award,** **the Unit being claimed for a Compensatory Pass does not exceed 10% of the total ECTS workload. *(For example for an Award of 48 ECTS, the unit being claimed for a Compenatsory Pass cannot exceed 4.8 ECTS, hence 5 ECTS rounded up.)*** | **Yes** | **No** | **Not Applicable** |

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|  | Click or tap here to enter text. |
| ***Signature of Institute Director or Deputy Director***  ***confirming that Claim for CP all fulfils requirements of above checklist and hence approval of CP*** | ***Date signed*** |

***Notes for Institute Administration.***

1. *For a Compensatory Pass to be approved, all answers to the above checklist should be Yes (or Not Applicable in the case of questions 5, 7 and 9).*
2. ***Kindly proceed as follows:***
   1. *Forward the signed original of this Form AND the student result report for* ***ALL*** *the years of the programme (updated with the unit awarded a CP) including the raw marks for all the units to the Office of the Registrar.*
   2. *Forward a scan of the above document sent by email attachment to* [*registrar@mcast.edu.mt*](mailto:registrar@mcast.edu.mt)*.*
   3. *Forward a scan of this Form by email attachment to the Stipends Officer in charge of the respective institute.*
   4. *Update student’s final results on CMIS in view of Transcript.*
   5. *Update Promotion Label (overall annual results) from Eligible CP to the correct final status.*
   6. *Retain a copy of all documents at the Institute office.*