

REQUEST FOR CONSIDERATION OF EXTENUATING CIRCUMSTANCES FOR THE RESCHEDULING OF TIME CONSTRAINED ASSIGNMENT (Examination) FORM

GUIDELINES TO STUDENT:

Students requesting the rescheduling of a Time Constrained Assignment (TCA) / Examination due to circumstances that they consider as extenuating (including illness) are required to fill-in this Form. If the Institute Administration considers the extenuating circumstances as valid, the student would be allowed to take the missed examination/s (as a first sit) at a rescheduled date. If the reason brought forward is not considered to be valid to justify students' absence, the students shall be deemed to have failed the examination and shall be awarded a mark of 0.

When submitting this Form, students are to provide the required evidence. In the case of Section 2, the student is required to provide this Form together with the NI Certificate (blue Form).

In the case of illness, the student is to send an email or call at the Institute by 0900h on the day of the TCA to inform that s/he is unable to sit for the TCA. 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 together with any supporting evidence.

Section 1: To be filled in by student

Section 2: To be filled in by Medical Practitioner in case of student illness.

Section 3: To be filled-in by student due to other extenuating circumstances (excluding illness).

SECTION 1 : GENERAL INFORMATION (To be filled in by student)

Student Name and Surname:		ID Number:	Year:
Course Title:			Class Number:
Unit Number:	Unit Title:		
TCA Title:	Student Signature:	Date:	

SECTION 2: ABSENCE DUE TO ILLNESS - (To be filled-in by Medical Practitioner)

NOTE TO MEDICAL PRACTITIONER: *Please elaborate in detail the reason why the student is not fit to attend examination.*

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Kindly use reverse side of paper if necessary

Doctor's Name :	Registration Number:
Signature:	Doctor's Stamp:

SECTION 3: ABSENCE DUE TO OTHER EXTENUATING CIRCUMSTANCES (To be filled-in by Student)

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Kindly use reverse side of paper if necessary

..... For Office Use

Lecturer's Recommendation

Lecturer's Recommendation	YES		Signature _____	Date _____
	NO			

Comments:

Institute Approval

Approval	YES		Name & Surname _____	Signature _____	Date _____
	NO				