

ICN INTERNATIONAL COLLEGE
ICNIC CPR QS09

Application for Mitigating Circumstances or Special Consideration

Title	College Student ID	Given Name	Family Name	
Address in France				
ICNIC Programme Title				
Module Code				
Module Title				
Academic Staff Member				
<i>Please identify the Assessment Type by placing an [X] in the applicable box below</i>				
Assessment Type	<input type="checkbox"/> Coursework	<input type="checkbox"/> In Class Test	<input type="checkbox"/> Mid Term Exam	<input type="checkbox"/> Final Exam
Date of Assessment				
Appropriate evidence such as a medical certificate, a letter from a student counsellor, or other documentary evidence must accompany any application for special consideration.				
Reason for request for Special Consideration / Mitigating Circumstances <i>(Please outline the details below and ensure you attach the appropriate documentary evidence.)</i>				
Have you attached the supporting documentary evidence?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	

PLEASE NOTE: Submitting an application for special consideration does not guarantee special consideration will be granted.

Student Declaration: I declare that all information included in this application is correct and factual the best of my ability and knowledge.	
Student Signature	Date

For Office Use Only

Signature of receipt by Academic Services team			
Name	 	Date	
Signature of approval by the Manager of Academic Services			
Name	 	Date	
Has Special Consideration/Mitigating Circumstances been approved by Manager of Academic Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has the student been notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has Attendance Record been amended <i>(if applicable)</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has the Academic Sessional(s) been notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Any other Comments <i>(please us the space below)</i>			