Mitigating Circumstances

Please note that we can only provide support for your mitigating circumstances application, if you have consulted us, about your illness or medical problem or we have supporting hospital correspondence about it.

Your college should only require supportive documentation if:

1. you have missed one week of studies
2. you have missed or will miss an exam or the deadline for a major piece of course work
3. and your medical problem has significantly impacted on your general academic performance.

Please do not ask for certification in other circumstances.

You should ensure the information you provide to us is consistent with that in your application.

Please note that all certificates will be e-mailed to your Senior Tutor, Postgraduate Tutor or Supervisor as detailed overleaf, who may require to share your certificate with other facilities/departments within your college in order to process your application.

SF/August 2017

RP/May 2019

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| **Mitigating Circumstances Report**  **Information Required** | | |
| **Name:** |  | |
| **Date of birth:** |  | |
| **Current contact details:** (please check details are correct) | |  |
| **Department and year:** |  | |
| **Approximate date of consultation/s:** |  | |
| **Doctor or nurse seen:** |  | |
| **Reason for request:**  (e.g. missed exam, missed deadline) |  | |
| **Dates affected:** |  | |
| **Outline of how you were affected:** |  | |
| **Name and email address** **of your Senior Tutor, Postgraduate Tutor or Supervisor:** | | **Name:**  **Email:** |
| I consent to Imperial College Health Centre providing information about my health to Imperial College London / Royal College of Music\* (\*delete as appropriate).  I do / do not\* wish to have a copy of the report (\*delete as appropriate).  I do / do not\* wish to view the report before it is submitted to my college. (\*delete as appropriate). *Please note viewing the report may cause a delay in submitting to your college, which may exceed your submission deadline.*  **Full name:**  **Signed:**  **Date:** | | |