# Request for additional consideration - at a glance

Students whose ability to undertake assessment is affected by unforeseeable and unavoidable circumstances may request additional consideration resulting in the actions summarised in the table below.

Full details of circumstances covered, evidence requirements and the process for consideration of requests is available in the Requests for Additional Consideration Procedure.

|  |  |  |  |
| --- | --- | --- | --- |
| **Action** | **Duration** | **Evidence** | **Request Period** |
| Extension | Up to 14 days (written/digital) or up to 28 days practical | Self-certification\* | From 14 days before assessment to 5pm on the day of assessment\*\* |
| Deferral | 2 weeks min/1 year max – new deadline confirmed by assessment board | Independent documentary evidence | From 30 days before assessment to 5pm on the day of assessment\*\* |
| Condoned absence | Up to 7 days | Self-certification\* | During absence or on first day of return to classes |
| Condoned absence | More than 7 continuous days | Independent documentary evidence | During absence or on first day of return to classes |
| Repeat module/year | 1 academic year | Independent documentary evidence of serious and prolonged mitigating circumstances | As required |

\*A maximum of 3 self-certified requests may be submitted each academic year – independent documentary evidence is required for additional requests

\*\*Students taken ill during a practical assessment or examination must follow up with a request for additional consideration as soon as possible and within 7 days at the latest

**Late Requests**

Requests may be accepted outside of the request period shown above if there are compelling reasons. In such cases, the request form should be accompanied by evidence of the reasons for the late submission.

# Request for additional consideration form

Name Click or tap here to enter text.

Student ID Number Click or tap here to enter text.

Programme Click or tap here to enter text.

Year Choose an item

Full time [ ]  Part time [ ]  Distance [ ]

Do you hold a student visa? Yes [ ]  No [ ]

## Assessment Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Module or component title** | **Module Code** | **Assessment Name/Type** | **Original assessment date or first day of absence** | **Request type** |
| Enter text | Enter text | Enter text. | Enter date | Choose an item |
| Enter text | Enter text | Enter text | Enter date | Choose an item |
| Enter text | Enter text | Enter text | Enter date | Choose an item |
| Enter text | Enter text | Enter text | Enter date | Choose an item |
| Enter text | Enter text | Enter text | Enter date | Choose an item |

## Supporting Statement

Please describe how mitigating circumstances have impacted your ability to complete the assessments or attend on the dates listed in section 1.

Click or tap here to enter text

## Independent Documentary Evidence

Independent evidence is required to support deferral of assessment to a later date, a continuous absence of over 7 days, a repeat, or if you have already submitted three or more self-certified requests in the current academic year. Please refer to the Requests for Additional Consideration Procedure for examples of the types of evidence normally accepted. Evidence should confirm the dates of your mitigating circumstances.

Evidence may be provided up to 14 days after submission of this request form via your Programme Administrator in the Registry.

Trinity Laban reserves the right to request sight of original documents when necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Evidence type** | **Evidence date(s)** | **Attached** | **To follow** |
| Enter text | Enter text |[ ] [ ]
| Enter text | Enter text |[ ] [ ]
| Enter text | Enter text |[ ] [ ]
| Enter text | Enter text |[ ] [ ]

## Declaration

The information I have provided is correct and complete to the best of my knowledge. In submitting this form I given my consent for this information to be disclosed to relevant members of Trinity Laban staff responsible for considering my request. I understand that, where necessary to support my welfare, details may be shared with Student Services, who may contact me to offer advice and support if the information disclosed is of significant concern.

[ ]  I agree with the above statement.

## Notification of outcomes

All outcomes will be sent in writing to your Trinity Laban email address.

Outcomes of self-certified requests will be sent within 7 days of receipt of this form. All other requests will be considered by an Additional Consideration Panel and the outcome sent within 7 days of the meeting.