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| Individual Mitigating Circumstances (IMCs) Report Form |  | logo-uob |

*Please complete this form electronically (or if hand-written in BLOCK CAPITALS) and pass to your Department/School Office for consideration by the IMC Panel.*

*For guidance and a summary of IMCs see:* [*Reporting individual mitigating circumstances to the University*](https://www.bath.ac.uk/guides/reporting-individual-mitigating-circumstances-to-the-university/)

*For guidance on supporting evidence see:* [*Providing evidence for individual mitigating circumstances*](https://www.bath.ac.uk/guides/providing-evidence-for-individual-mitigating-circumstances)

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| **Full Name:** |  | | |
| **Department or School:** |  | | |
| **Year of Study:** |  | **Programme Code & Title:** |  |
| **Personal Tutor:** |  |
| **Candidate Number:** (if known) |  | **Student Registration Number:** |  |

*Units to be considered –* ***Please fill in a separate line for each assessment component for which you are claiming mitigating circumstances and provide the information requested in the relevant column. Add rows as necessary.***

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| **Unit Code**  *(e.g. XX5999)* | **Unit Title**  *(e.g. Consulting)* | **Assessment detail**  *(e.g. group presentation; in-class test; lab practical; individual essay)* | **Assessment deadline or date**  *(e.g. DD/MM/YY)* | **If coursework, was an extension granted?**  Indicate extended deadline  *(e.g. DD/MM/YY)* | **Did you attempt the assessment?**  *(e.g. Yes or No)* |
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| **If relevant, please describe any other arrangements in place for your assessments listed above  (i.e.: a Disability Access Plan (DAP); reasonable adjustments; alternative assessment arrangements related to the circumstances you describe in this report.)** | | | | | |
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| **Please describe the circumstances and their impact on the assessment or assessments you have listed (using additional pages if required):** |
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| **Please describe the evidence you are providing to demonstrate the impact of the circumstances on the assessment or assessments you have listed (using additional pages if required). If you do not yet have evidence to support your claim, please describe what evidence you will be able to provide and when you expect to be able to provide it.** |
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*The information you provide will be treated in accordance with the University’s* [*Data Protection Statement For Student Registration*](https://www.bath.ac.uk/guides/data-protection-statement-for-student-registration)*.*

*The full detail of your IMC report and evidence will be considered by the IMC Panel. If your IMCs are accepted, your circumstances will be taken into account by the Board of Examiners for Courses. If you would like only the broad detail of your circumstances to be made known to the Board of Examiners for Courses, please speak to your Director of Studies about how best to summarise them.*

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| **Signature of Student:** |  |
| **Date:** |  |

*Office use only*

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| **Date received by the Department or School:** |  | **Authorised signature:** |  |