

Extenuating Circumstances Form



Background

From time-to-time certain external events / circumstances occur that may:

- I. Adversely affect the learner's ability to commit to their studies.
- II. Reduce the ability of the learner to succeed in their studies, and ultimately
- III. Disadvantage the learner.

In these situations, learners can apply for these circumstances to be considered in any formal decision making undertaken by Regent Institute Middle East. Example events / circumstances that learners may wish to apply for decisions to be adjusted include:

- Personal health issues (acute / chronic)
- Severe accident / incident
- Bereavement (death of a close family member)
- Victim of crime
- Substantive increase in duties as a care-giver to a close family member

Learners who wish for such circumstances to be considered, must apply through this **Extenuating Circumstances Form** and submit the form to Regent Institute Middle East's Student Success Manager.

Please note: Extenuating Circumstances typically cover time-limited events. For ongoing issues, please discuss those with the Student Success Manager and refer to the Reasonable Adjustments Policy.

For Regent Institute Middle East Staff use only:

Applicant's (Learner) Name

Received by (Staff) Name

Date Received

Details of the Extenuating Circumstances



Student Name:

Programme of Study:

Briefly outline the circumstance that affected your studies at Regent Institute Middle East.

Briefly outline the effect these circumstances had on your ability to study/succeed in your studies.

Dates the circumstance affected your studies:

Starting date:

Finish date or ongoing?

Please list the evidence you have submitted to substantiate your application

The evidence to be supplied will be dependent on your application, but may include:

- Hospital Letter (for health-related circumstances).
- Police incident letter (for accident / incident related circumstances).
- Police incident letter / Court Notification (for crime related circumstances).
- Death Certificate (for bereavement related circumstances).

Please identify what adjustments you are seeking in this application:

I confirm the above (and an all listed attachments) are a true-and-accurate record of the circumstance(s).

Name:

Signature:

Date: